

# COVID-19 Vaccine Provider Webinar

February 4, 2021



**TEXAS**  
Health and Human  
Services

Texas Department of State  
Health Services

# DISCLAIMER

The information presented today is based on recent guidance and MAY change.

February 4, 2021



**TEXAS**  
Health and Human  
Services

Texas Department of State  
Health Services

# Agenda

1. VAOS Features – Requesting Allocations and Transfers/Returns
2. VAOS Reminders and FAQ's
3. Provider Resources



Texas Department of State  
Health Services

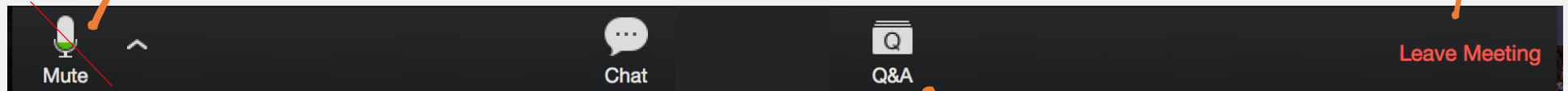
Today's webinar presentation and recording will be available on the  
[COVID-19 Vaccine Management Resources page](#)

# Zoom Guidance

*New to Zoom? Have a question? Here's a quick guide:*

**You will be automatically muted during this webinar.**

**Need to go? Click Leave Meeting to exit the webinar.**



**The "chat" feature will be turned off for attendees in this Webinar.**

**Have a question? Type a question to the host and panelists using the Q&A box!**



Texas Department of State  
Health Services

# Requesting Allocations in VAOS

# Requesting First Dose Allocations: Reminders

When you're ready to submit a first dose allocation request, remember the following:



You should only request allocations for a **quantity of doses that you can administer** to your patient population **in a one-week period**.

When you request allocations, you **can request ancillary supplies**.



When you request allocations, you can indicate whether you want the CDC to direct the public to your facility as a COVID-19 Vaccine Provider on **CDC Vaccine Finder**.





Providers **do not need to accept requested allocations** in VAOS.



Submitted allocation requests inform allocation decisions, but **do not guarantee that you will receive an allocation for your requested doses** due to continued supply limits.

# Timeline for Requesting Allocations

This calendar shows an *example* timeline for vaccine allocation requests and when they might be delivered:

Monday	Tuesday	Wednesday	Thursday	Friday
Week 1  Submit allocation requests in VAOS			Deadline to submit <b>weekly</b> request 	
Week 2		Hub site <b>Moderna</b> orders delivered  <i>Providers receive allocation notification.</i> <i>Providers receive shipment notifications</i>		
Week 3 Provider <b>Moderna</b> orders delivered  Hub site <b>Pfizer</b> orders delivered	Provider <b>Pfizer</b> orders delivered 	Begin administering <b>First Doses</b> (Pfizer or Moderna)		

Providers will submit allocation requests **each week**.

Delivery timelines are **estimated** and are subject to change based on vaccine supply and other factors.

*\*timeline continued on next slide for second dose allocation requests*

# Submit First Dose Allocation Request in VAOS

Before submitting a first dose allocation request in VAOS, make sure you have this information ready:



✓ Type of vaccine requested  
(Moderna, Pfizer)

- If Pfizer, do you need dry ice?
- If Moderna, do you have available refrigerator storage for the requested amount?



✓ Number of **first doses** requested



✓ Ancillary supplies requested



✓ Populations you plan to vaccinate with this allocation



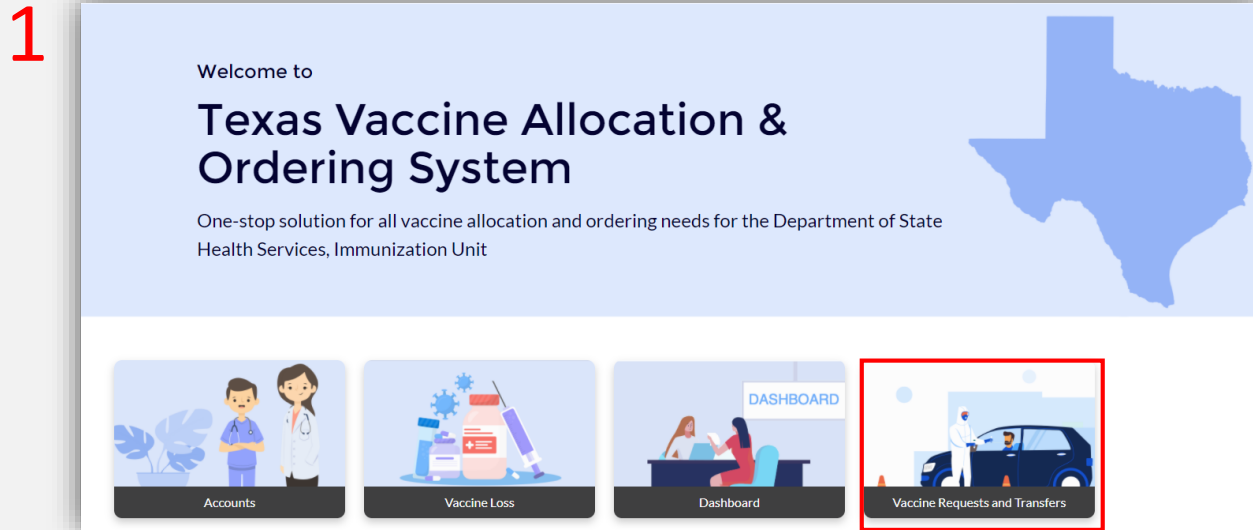
✓ If you want to be available on CDC Vaccine Finder

Submitted allocation requests inform allocation decisions, but **do not guarantee that you will receive an allocation for your requested doses** due to continued supply limits.

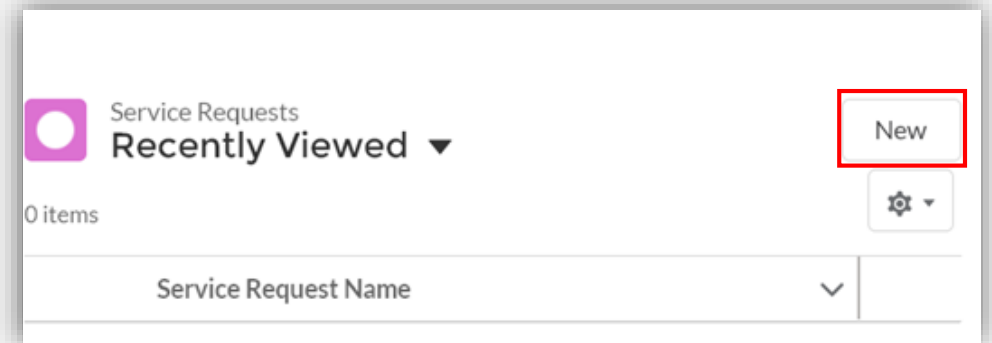


# Step 1: Navigate to the VAOS Provider Portal

1. Log into VAOS at <https://texasvaccines.dshs.texas.gov/> and navigate to the **Vaccine Requests and Transfers** tab.
2. Click **New**.

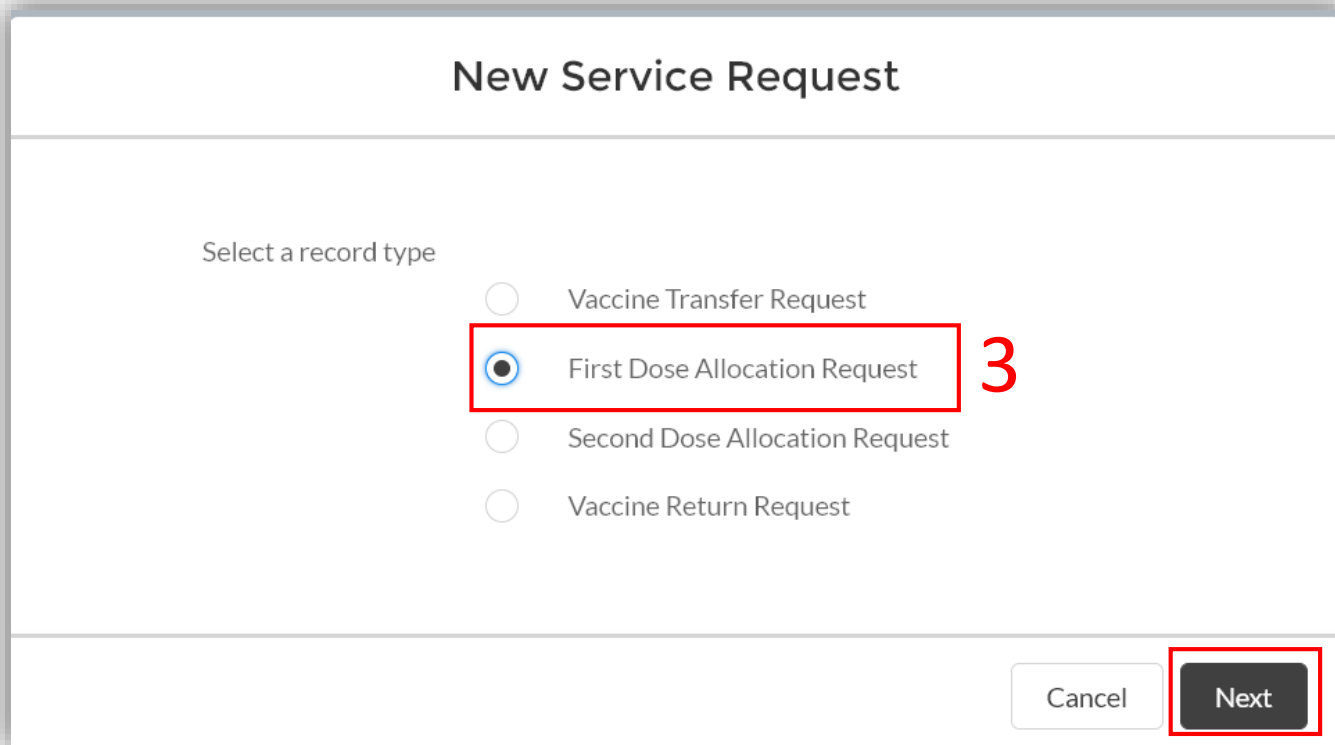


2



## Step 2: Create New First Dose Allocation Request

3. If you are requesting an allocation for first doses, select **First Dose Allocation Request**.
4. Click **Next**.



The screenshot shows a web form titled "New Service Request". Below the title, there is a label "Select a record type" followed by four radio button options: "Vaccine Transfer Request", "First Dose Allocation Request", "Second Dose Allocation Request", and "Vaccine Return Request". The "First Dose Allocation Request" option is selected, indicated by a blue dot in the radio button. A red rectangular box highlights this option, with a large red number "3" to its right. At the bottom right of the form, there are two buttons: "Cancel" and "Next". The "Next" button is highlighted with a red rectangular box, and a large red number "4" is to its right.

New Service Request

Select a record type

- ☐ Vaccine Transfer Request
- ☒ First Dose Allocation Request
- ☐ Second Dose Allocation Request
- ☐ Vaccine Return Request

Cancel Next

# Step 3: Enter First Dose Allocation Information

## 5. Enter all mandatory information.

- Note: Submitted allocation requests inform allocation decisions, but **do not guarantee that you will receive an allocation for your requested doses** due to continued supply limits.

*Check this box if you want to receive ancillary supplies with your order*

*Check this box if you are willing to receive another vaccine presentation.*

Submit the number of first doses you can store and use in a **one-week period**

## 6. Click **Save**.

New Service Request: First Dose Allocation Request

**5**

*Check this box if you want the CDC to direct the public to your facility for COVID-19 Vaccines*

\* Facility  
TX Test

Post my info in the CDC Vaccine Finder  
☐

I want to receive ancillary supplies  
☐

\* Presentation  
--None--

Willing to accept another manufacturer?  
☐

If Pfizer, do you need dry ice?  
☐

\* Number of doses requested ⓘ

\* Who you plan to vaccinate?  
--None--

Specify additional beneficial details ⓘ

\* Current quantity on hand: Moderna

\* Current quantity on hand: Pfizer

Status  
Created

Cancel Save & New **Save**

**6**

# Step 3: Enter First Dose Allocation Information

New Service Request: First Dose Allocation Request

**First Dose Allocation**

\* Facility  
TX Test

Post my info in the CDC Vaccine Finder  
☐

I want to receive ancillary supplies  
☐

\* Presentation  
--None--

Willing to accept another manufacturer?  
☐

If Pfizer, do you need dry ice?  
☐

\* Number of doses requested ⓘ

\* Who you plan to vaccinate?  
--None--

Specify additional beneficial details ⓘ

\* Current quantity on hand: Moderna

\* Current quantity on hand: Pfizer

Status  
Created

Cancel Save & New Save

\* Who you plan to vaccinate?

--None--

✓ --None--

Phase 1A - HCW

Phase 1A - LTCF Residents

Phase 1B - 65+ or Medical Condition

You will be asked who you plan to vaccinate, which will inform allocation decisions, but is not the only consideration.

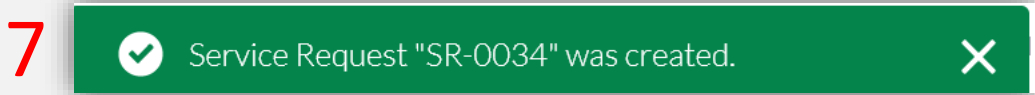
\* Current quantity on hand: Moderna

\* Current quantity on hand: Pfizer

You will be asked to estimate the current quantity on hand of both Moderna and Pfizer supply. Please estimate the **quantity of doses in your supply**.


# Step 4: Review Service Request Information

7. You will receive a pop-up confirmation that the Service Request was created.



8. If you need to validate any information submitted in your allocation request, you can review Service Request information by selecting **VAOS Requests and Transfers** from the VAOS homepage.

8

 Service Requests  
All ▾

3 items • Sorted by Service Request Name • Filtered by All service requests

	Service Request Name ↑ ▾	Record Type ▾	Transferring provider ▾	Quantity to transfer ▾	Facility ▾	Number of doses req... ▾	
1	SR-0034	First Dose Allocation Request			TX Test	200	▾
2	SR-0038	Vaccine Transfer Request	TX Test	450			▾
3	SR-0044	Vaccine Return Request	TX Test	200			▾

New

⚙ ▾

Note: the default here will be **Recently Viewed**.  
Select **All** to see all your service requests.

# Requesting Second Dose Allocations: Reminders

Now that Providers can request allocations in VAOS, Providers **will not automatically receive a second dose allocation**—instead, Providers should request it.







Providers should request their second dose allocation at the appropriate time based on the type of vaccine (Pfizer or Moderna).

The next slide provides a visual to illustrate when Providers should request second dose allocations.

# Timeline for Requesting Second Dose Allocations

This calendar shows an *example* timeline for when COVID-19 Vaccine Providers should request Second Dose allocations and when they might be delivered:

Monday	Tuesday	Wednesday	Thursday	Friday
Week 3 Provider <b>Moderna</b> orders delivered 	Provider <b>Pfizer</b> orders delivered 	Begin administering <b>First Doses</b> ( <i>Pfizer or Moderna</i> )		
Week 4  Submit allocation request for <b>Pfizer Second Dose</b> by <b>Thursday 5 PM</b>				
Week 5  Submit allocation request for <b>Moderna Second Dose</b> by <b>Thursday 5 PM</b>				
Week 6	<b>Second Dose of Pfizer</b> shipment received 	Begin <b>Pfizer Second Dose</b> administration ( <i>Day 21</i> )		
Week 7 <b>Second Dose of Moderna</b> shipment received 	Begin <b>Moderna Second Dose</b> administration ( <i>Day 28</i> )			

# Submit Second Dose Allocation Request in VAOS

Before submitting a second dose allocation request in VAOS, make sure you have this information ready:



✓ Type of vaccine requested  
(Moderna, Pfizer)

- If Pfizer, do you need dry ice?
- If Moderna, do you have available refrigerator storage for the requested amount?



✓ Number of **doses** requested



✓ Ancillary supplies requested



✓ Populations you plan to vaccinate with this allocation



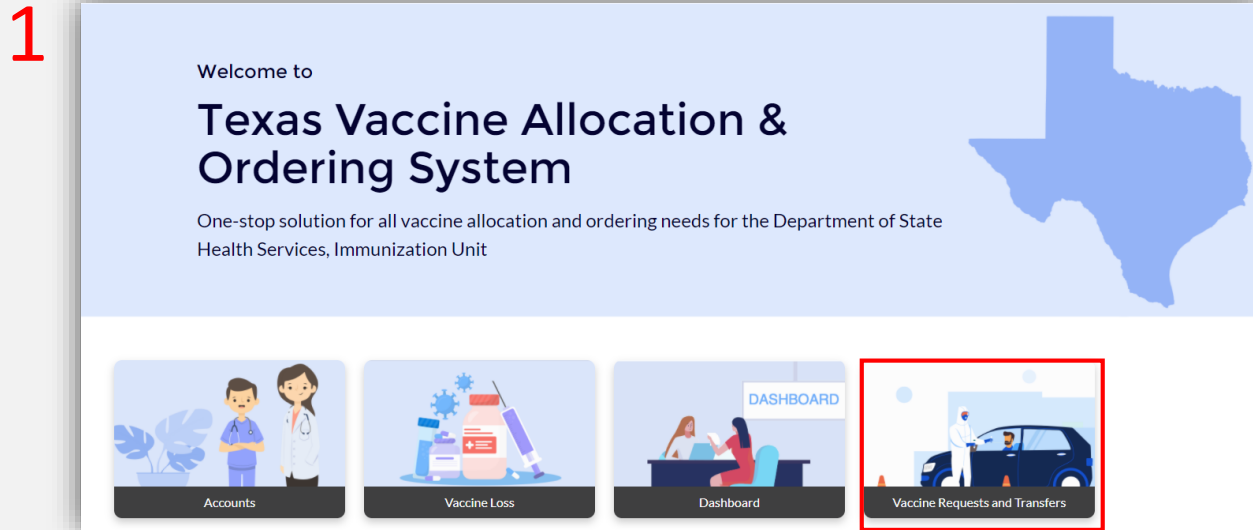
✓ If you want to be available on CDC Vaccine Finder

Beginning January 18<sup>th</sup>, Providers need to request second dose allocations. **Providers will not automatically receive second dose allocations** because they received a first dose.

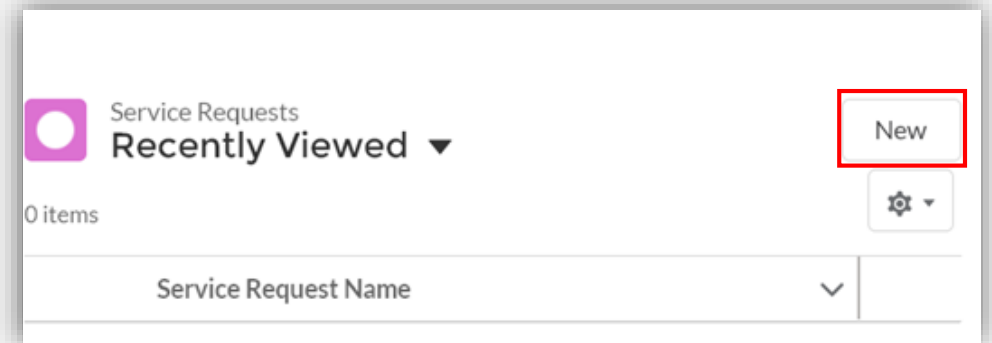


# Step 1: Navigate to the VAOS Provider Portal

1. Log into VAOS at <https://texasvaccines.dshs.texas.gov/> and navigate to the **Vaccine Requests and Transfers** tab.
2. Click **New**.

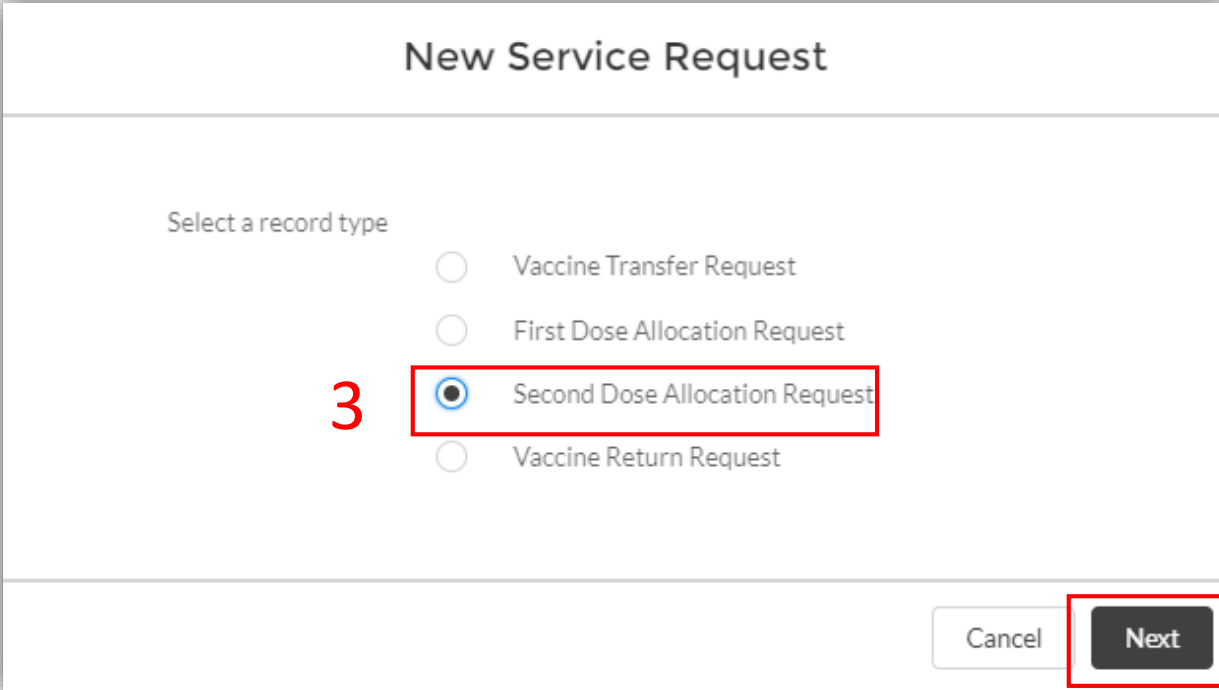


2



## Step 2: Create New Second Dose Vaccine Request

3. If you are requesting an allocation for second doses, select **Second Dose Allocation Request**.
4. Click **Next**.



The screenshot shows a web form titled "New Service Request". Below the title is a section labeled "Select a record type" containing four radio button options: "Vaccine Transfer Request", "First Dose Allocation Request", "Second Dose Allocation Request", and "Vaccine Return Request". The "Second Dose Allocation Request" option is selected, indicated by a blue dot in the radio button, and is enclosed in a red rectangular box. To the left of this box is a red number "3". At the bottom right of the form are two buttons: "Cancel" and "Next". The "Next" button is highlighted with a red rectangular box, and a red number "4" is placed to its right.

New Service Request

Select a record type

- ☐ Vaccine Transfer Request
- ☐ First Dose Allocation Request
- ☒ Second Dose Allocation Request
- ☐ Vaccine Return Request

Cancel Next

# Step 3: Enter Second Dose Allocation Information

5. Enter all mandatory information. Note that this information is similar to the information you submit for a First Dose allocation request.

5

Check this box if you want to receive ancillary supplies with your order

Check this box if you are willing to receive another vaccine presentation.

New Service Request: Second Dose Allocation Request

Second Dose Allocation

Owner  
John Doe

\* Facility  
TX Test

Post my info in the CDC Vaccine Finder  
☐

I want to receive ancillary supplies  
☐

\* Number of doses requested

\* Presentation  
--None--

Willing to accept another manufacturer?  
☐

If Pfizer, do you need dry ice?  
☐

\* Who you plan to vaccinate?  
--None--

Specify additional beneficial details

\* Current quantity on hand: Moderna

\* Current quantity on hand: Pfizer

Status  
Created

Recent Transfers

I have transferred vaccine recently  
☐

Receiving Facility PIN

Receiving Facility name

Cancel Save & New Save

Check this box if you want the CDC to direct the public to your facility for COVID-19 Vaccines

Submit the number of second doses you are requesting. You should be able to store and use these second doses in a one-week period.

6. Click **Save**.

6

# Step 3: Enter Second Dose Allocation Information

New Service Request: Second Dose Allocation Request

**Second Dose Allocation**

Owner  
John Doe

\* Facility  
TX Test

Post my info in the CDC Vaccine Finder  
☐

I want to receive ancillary supplies  
☐

\* Number of doses requested 1

\* Presentation  
--None--

Willing to accept another manufacturer?  
☐

If Pfizer, do you need dry ice?  
☐

\* Who you plan to vaccinate?  
--None--

Specify additional beneficial details 1

\* Current quantity on hand: Moderna

\* Current quantity on hand: Pfizer

Status  
Created

**Recent Transfers**

I have transferred vaccine recently  
☐

Receiving Facility PIN

Receiving Facility name

Cancel Save & New Save

\* Who you plan to vaccinate?

--None--

✓ --None--

Phase 1A - HCW

Phase 1A - LTCF Residents

Phase 1B - 65+ or Medical Condition

You will be asked who you plan to vaccinate, which will inform allocation decisions, but is not the only consideration.

\* Current quantity on hand: Moderna

\* Current quantity on hand: Pfizer

You will be asked to estimate the current quantity on hand of both Moderna and Pfizer supply. Please estimate the **quantity of doses in your supply**.

# Step 3: Enter Second Dose Allocation Information

New Service Request: Second Dose Allocation Request

Second Dose Allocation

Owner

John Doe

\* Facility

TX Test

Post my info in the CDC Vaccine Finder

☐

I want to receive ancillary supplies

☐

\* Number of doses requested

\* Presentation

--None--

Willing to accept another manufacturer?

☐

If Pfizer, do you need dry ice?

☐

\* Who you plan to vaccinate?

--None--

Specify additional beneficial details

\* Current quantity on hand: Moderna

\* Current quantity on hand: Pfizer

Status

Created

Recent Transfers

I have transferred vaccine recently

☐

Receiving Facility PIN

Receiving Facility name

Cancel

Save & New

Save

You will be asked if you recently transferred vaccine. Please gather the Receiving Facility PIN, Facility name, and Facility address.

Recent Transfers

I have transferred vaccine recently

☐

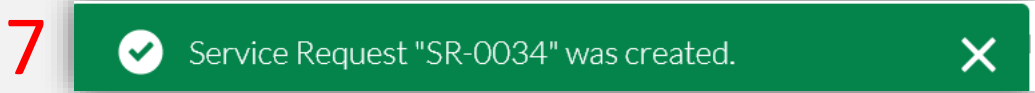
Receiving Facility PIN

Receiving Facility name

Receiving Facility address


# Step 4: Review Service Request Information


7. You will receive a pop-up confirmation that the Service Request was created.



8. If you need to validate any information submitted in your allocation request, you can review Service Request information under **VAOS Requests and Transfers** in the VAOS Dashboard.

8

 Service Requests  
All ▾



*Note: the default here will be **Recently Viewed**.  
Select **All** to see all your service requests.*

New

⚙ ▾

3 items • Sorted by Service Request Name • Filtered by All service requests

	Service Request Name ↑ ▾	Record Type ▾	Transferring provider ▾	Quantity to transfer ▾	Facility ▾	Number of doses req... ▾	
1	SR-0034	First Dose Allocation Request			TX Test	200	▾
2	SR-0038	Vaccine Transfer Request	TX Test	450			▾
3	SR-0044	Vaccine Return Request	TX Test	200			▾

**Poll: Submitting an allocation request to VAOS means that a Provider will automatically receive the amount of vaccine requested.**

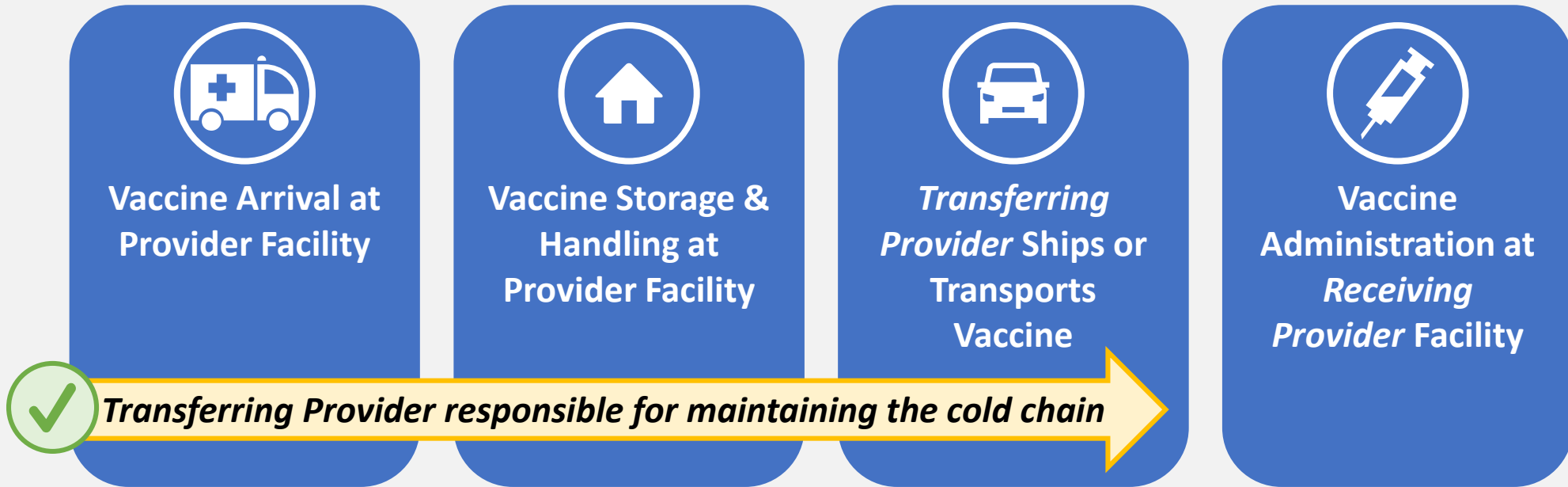
# 4: Request to Transfer Vaccines in VAOS





# Request to Transfer Vaccine

Before requesting to transfer vaccines, note that it is the responsibility of the *Transferring Provider* to ship or physically transport the vaccine while maintaining the cold chain. *Transferring Providers* are also responsible for any costs incurred in transferring vaccines.



Before requesting a transfer, **verify that the facility you want to receive the vaccine is an approved COVID-19 Vaccine Provider.** COVID-19 vaccines may only be transferred to an approved COVID-19 Vaccine Provider.

# Request to Transfer Vaccine

To prepare for submitting a vaccine transfer request in VAOS, make sure you have this information ready:



✓ Transferring Provider info  
(your information)



✓ Vaccine Type



✓ Receiving Provider  
Organization Name and PIN



✓ Lot ID for the vaccine  
you want to transfer



✓ Reason for transfer

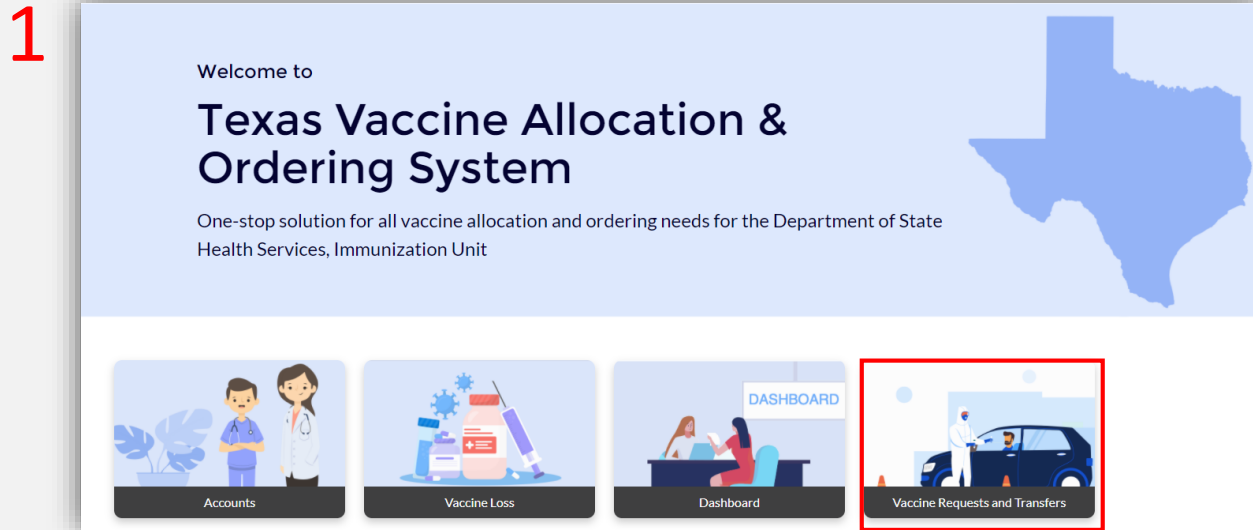


✓ Dose Quantity to  
transfer

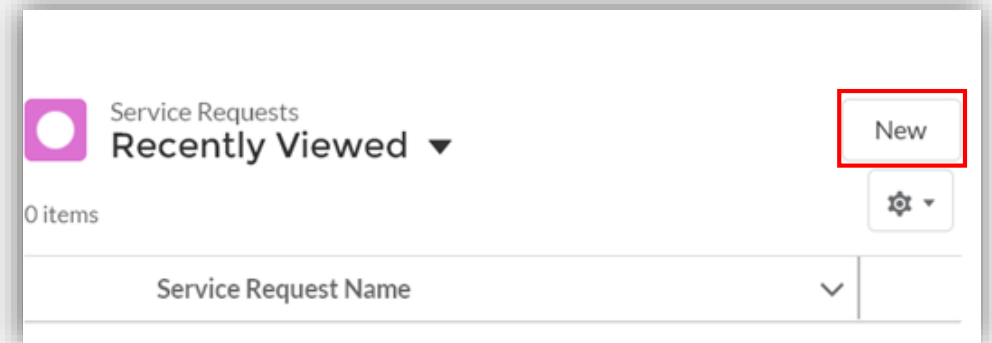
Before submitting a request to transfer, you should coordinate with the *Receiving Provider* or facility so that you can submit their correct information— **including their Provider PIN.**

# Step 1: Navigate to the VAOS Provider Portal

1. Log into VAOS at <https://texasvaccines.dshs.texas.gov/> and navigate to the **Vaccine Requests and Transfers** tab.
2. Click **New**.



2



## Step 2: Create Vaccine Transfer Request

3. Select **Vaccine Transfer Request**.
4. Click **Next**.

New Service Request

Select a record type

☒ Vaccine Transfer Request

☐ First Dose Allocation Request

☐ Second Dose Allocation Request

☐ Vaccine Return Request

Cancel Next

3

4

# Step 3: Enter Transfer Request Information

## 5. Enter all mandatory information.

Vaccine transfer requests require a *Receiving Provider PIN*. Providers can find their Provider PINs on the **Account Details** page in VAOS.

The *Inventory Record* field refers to the Lot ID for the vaccine you want to transfer.

You will not be able to request to transfer more doses than your facility has available under the Lot ID.

You can verify the number of doses you have under a Lot ID by searching for the Lot ID. (see next page for instructions)

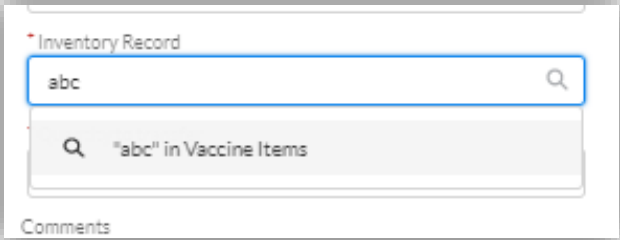
The screenshot shows a web form titled "New Service Request: Vaccine Transfer Request" for user John Doe. The form contains several mandatory fields marked with an asterisk. Blue arrows point from the explanatory text on the left to specific fields in the form: one to the "Transferring provider" field (containing "TX Test"), one to the "Inventory Record" field (containing "VI-0000042"), and one to the "Quantity to transfer" field (containing "200").

Field Label	Value
Status	New
*Transferring provider	TX Test
*Receiving provider PIN	0000
*Receiving Provider Organization Name	Texas County Hospital
*Reason for transfer	Other: I want to transfer vaccine doses to a partner or...
*Vaccine Type	Pfizer 1
*Inventory Record	VI-0000042
*Quantity to transfer	200
Comments	

Additional details on the right include a "Service Request Reason" dropdown set to "Transfer Vaccine" and an empty "Additional Details" text area. At the bottom right are buttons for "Cancel", "Save & New", and "Save".

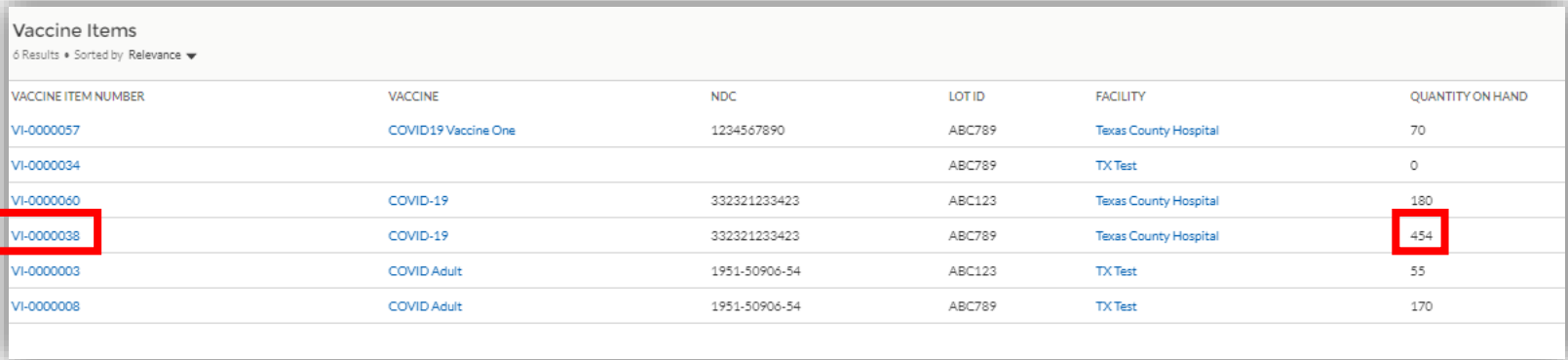
# Step 3: Enter Transfer Request Information

6



6. To search for the inventory record, start by typing the Lot ID in the field. The associated *Inventory Record*, if available, will appear in the search results below. Select it.

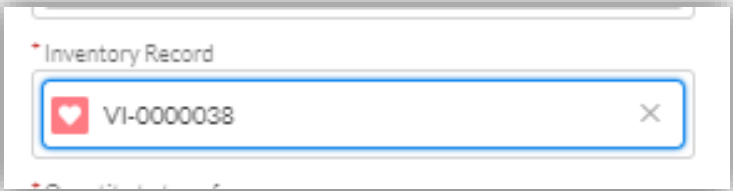
7



VACCINE ITEM NUMBER	VACCINE	NDC	LOT ID	FACILITY	QUANTITY ON HAND
VI-0000057	COVID19 Vaccine One	1234567890	ABC789	Texas County Hospital	70
VI-0000034			ABC789	TX Test	0
VI-0000060	COVID-19	332321233423	ABC123	Texas County Hospital	180
VI-0000038	COVID-19	332321233423	ABC789	Texas County Hospital	454
VI-0000003	COVID Adult	1951-50906-54	ABC123	TX Test	55
VI-0000008	COVID Adult	1951-50906-54	ABC789	TX Test	170

7. Select the inventory item you wish to transfer and note the *Quantity On Hand* for that Lot ID. You will not be able to request to transfer more doses than is listed here.

8



8. Your selection will populate in the *Inventory Record* field back on the *Vaccine Transfer Request* page.

## Step 3: Enter Transfer Information

9. After completing all mandatory information, click **Save**.

Remember, you cannot request to transfer more doses than are available under your selected Lot ID.

New Service Request: Vaccine Transfer Request

John Doe

Status  
New

\*Service Request Reason  
Transfer Vaccine

\*Transferring provider  
TX Test

\*Receiving provider PIN  
0000

\*Receiving Provider Organization Name  
Texas County Hospital

\*Reason for transfer  
Other: I want to transfer vaccine doses to a partner or...

Other

\*Vaccine Type  
Pfizer 1

\*Inventory Record  
VI-0000042

\*Quantity to transfer  
200

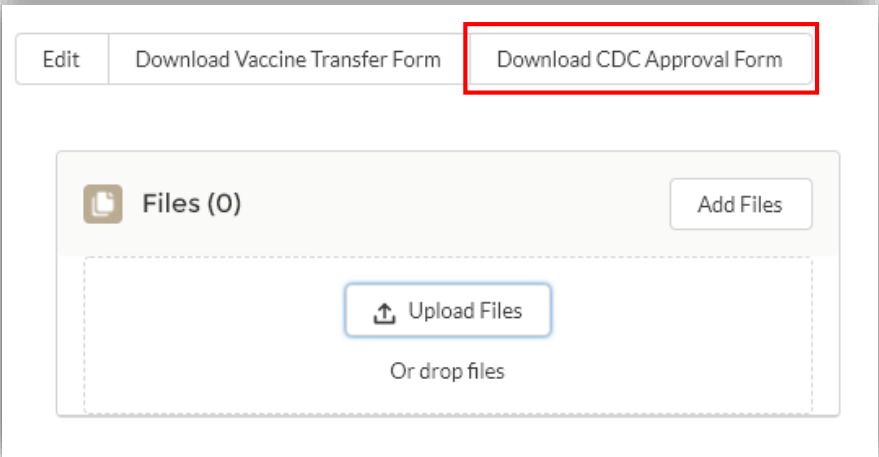
Comments

Approved

Cancel Save & New Save

# Step 4: Download and Complete CDC Approval Form

10. Click **Download CDC Approval Form**. You must submit a signed CDC Approval Form for every transfer request.



10

Organization Medical Director (or Equivalent)		
Last name	First name	Middle initial
Signature:		Date:
Chief Executive Officer (Chief Fiduciary Role)		
Last name	First name	Middle initial
Signature:		Date:

11

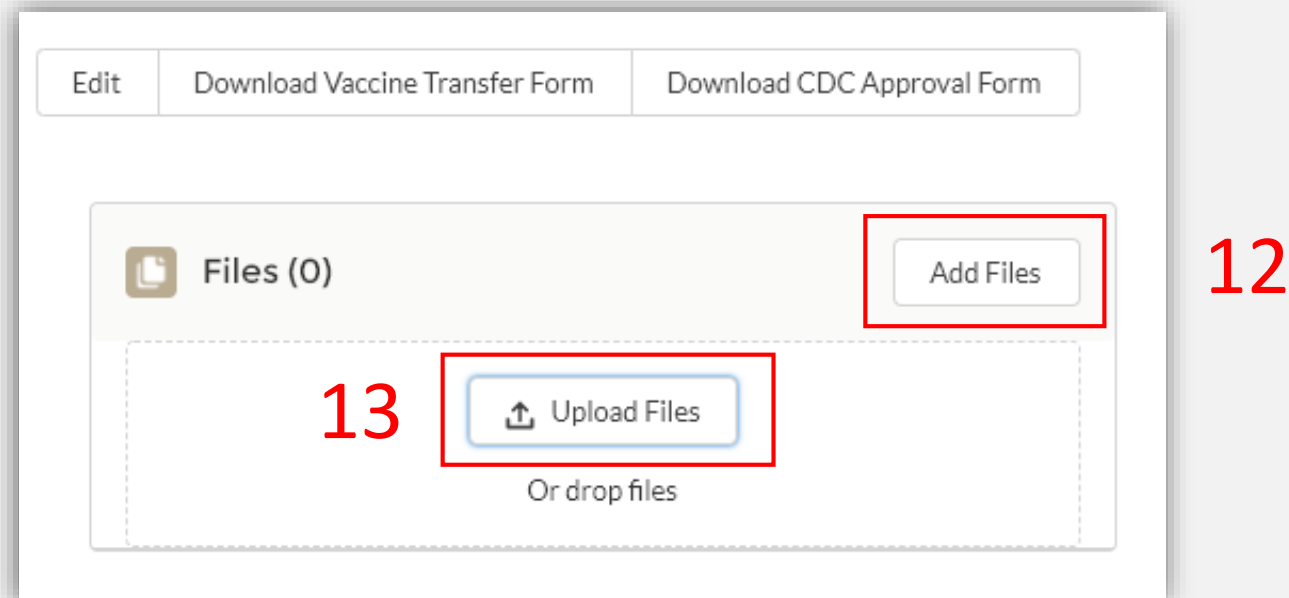
11. Review & complete the form carefully. The information you provide on the form should match the information for your VAOS Provider account. Your Organization Medical Director (or Equivalent) and Chief Executive Officer (Chief Fiduciary Role) must sign the form.



## Step 5: Upload and Submit CDC Approval Form

12. After obtaining the appropriate signatures, upload the completed form into VAOS. To do this, click **Add Files**.

13. Click **Upload Files**.

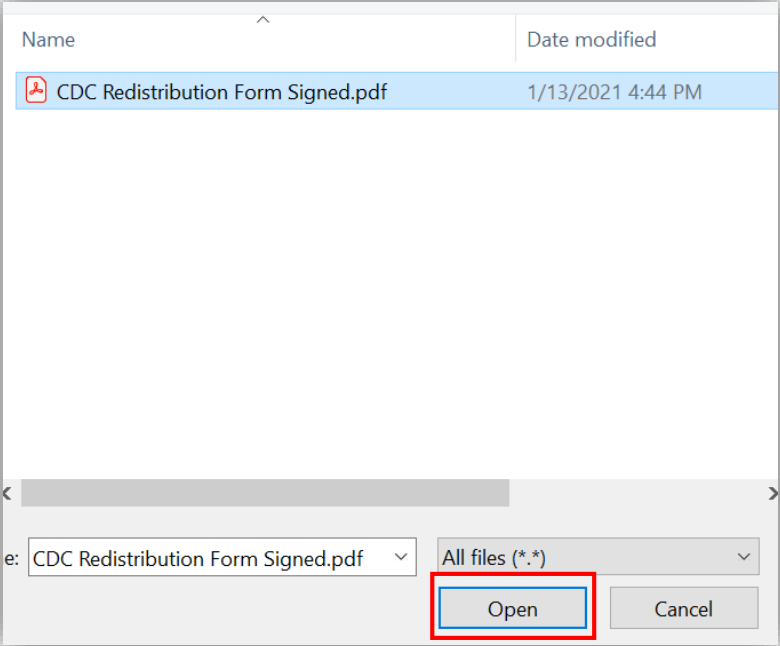


The screenshot shows a web interface for file management. At the top, there are three buttons: "Edit", "Download Vaccine Transfer Form", and "Download CDC Approval Form". Below these is a section titled "Files (0)" with a folder icon. To the right of this section is a button labeled "Add Files", which is highlighted with a red rectangle and the number "12". Below the "Files (0)" section is a large dashed box representing a file drop area. Inside this area, there is a button labeled "Upload Files" with an upward arrow icon, highlighted with a red rectangle and the number "13". Below the "Upload Files" button is the text "Or drop files".

# Step 5: Upload and Submit CDC Approval Form

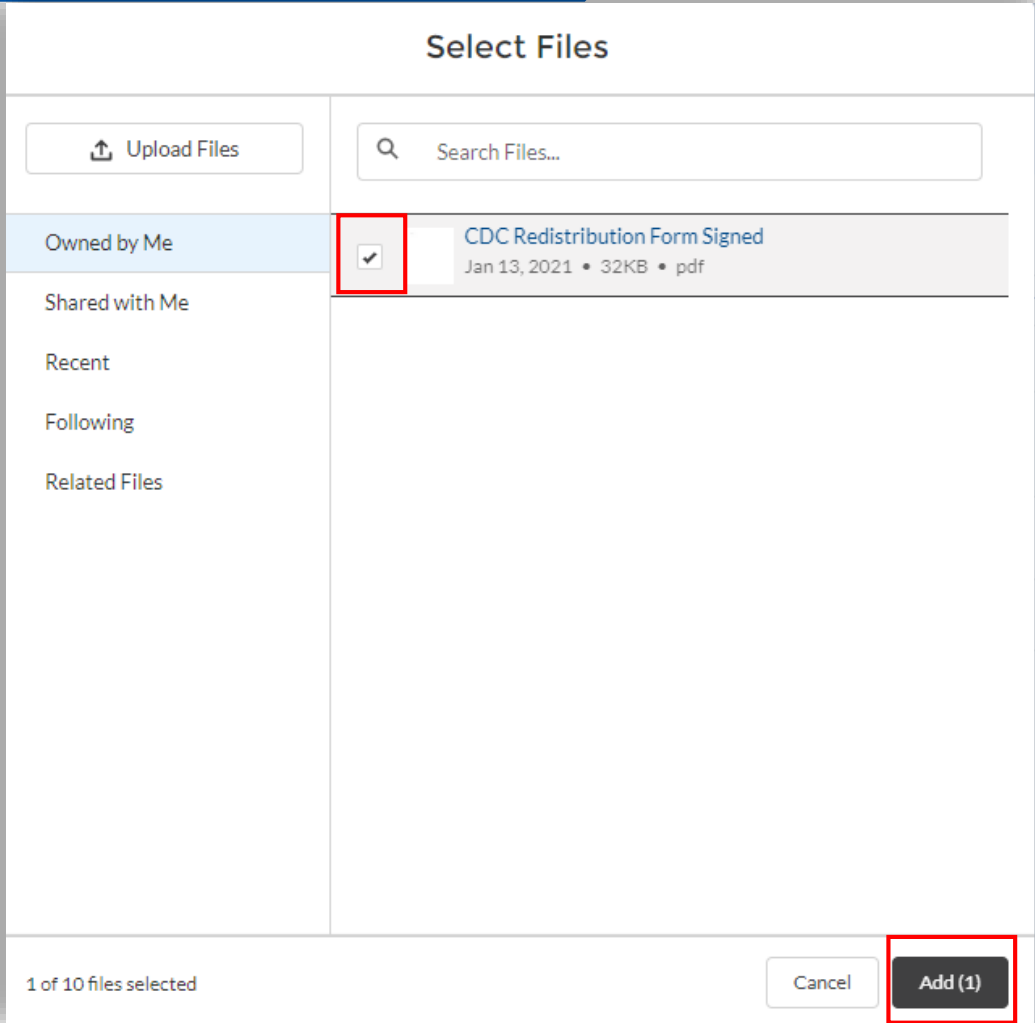
14. Select file to upload, click **Open**.

14



15. Select the checkbox next to the file you want to upload, click **Add**.

15



## Step 6: Receive Email Notifications

16. After the request to transfer is submitted, DSHS will review the request. The **requesting person at the *Transferring Provider* will receive an email** once the request has either been **approved or denied**.

16

Dear Provider,

Thank you for your transfer request submission. Your request to transfer 50 doses of COVID Adult from VO Test Provider to Person Test has been **approved**.

As the transferring provider, **you are responsible for the physical transfer of the approved doses to Person Test**. You can view the relevant details of your vaccine transfer, including the address and contact information for the receiving provider, in the Texas Vaccine Allocation and Ordering System (VAOS) at (<https://texasvaccines.dshs.texas.gov>).

**Next Steps:**

1. In VAOS, navigate to Service Requests and download Vaccine Transfer form to view relevant details for the receiving provider
2. Contact the receiving provider to coordinate the transfer of doses
3. Ship or otherwise physically transfer doses to the receiving provider as soon as possible

You can find additional information about VAOS and how to use it on the [COVID-19 Vaccine Management Resources](#) site.

For any questions related to COVID-19 orders, or technical questions on how the Vaccine Ordering and Management system operates, please contact [COVID19VacEnroll@dshs.texas.gov](mailto:COVID19VacEnroll@dshs.texas.gov)

## Step 6: Receive Email Notifications

17. If approved, the **primary & backup vaccine coordinators at the *Receiving Provider*** will also receive an email notification.

17

Dear Provider,

A request to transfer 100 doses of Moderna from Place 1 to Place 2 has been **approved**.

As the receiving provider, **you are responsible for supporting the coordination of the physical transfer of the approved doses to [receiving provider account name]**. You can view the relevant details of your vaccine transfer in the Texas Vaccine Allocation and Ordering System (VAOS) at <https://texasvaccines.dshs.texas.gov>. **No action is required to confirm receipt of this transfer, your inventory will be updated automatically.**

#### Next Steps

- Login to VAOS to view details of the transfer, which can be found under "Vaccine Shipments"
- **Begin vaccinations as soon as possible** after your facility receives your transfer of COVID-19 vaccines
- **Report doses administered to ImmTrac2 and doses wasted to VAOS within 24 hours**

You can find additional information about VAOS and how to use it on the [COVID-19 Vaccine Management Resources](#) site.

For questions about COVID-19 orders or the Vaccine Ordering and Management system, please contact [COVID19VacEnroll@dshs.texas.gov](mailto:COVID19VacEnroll@dshs.texas.gov).

Thank you.



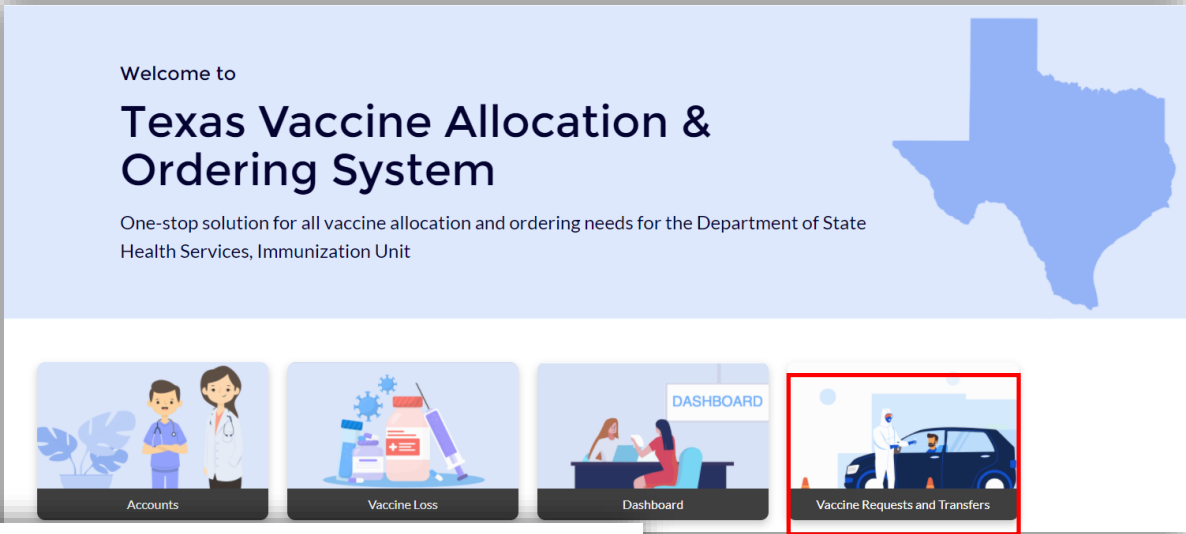
**TEXAS**  
Health and Human  
Services

Texas Department of State  
Health Services

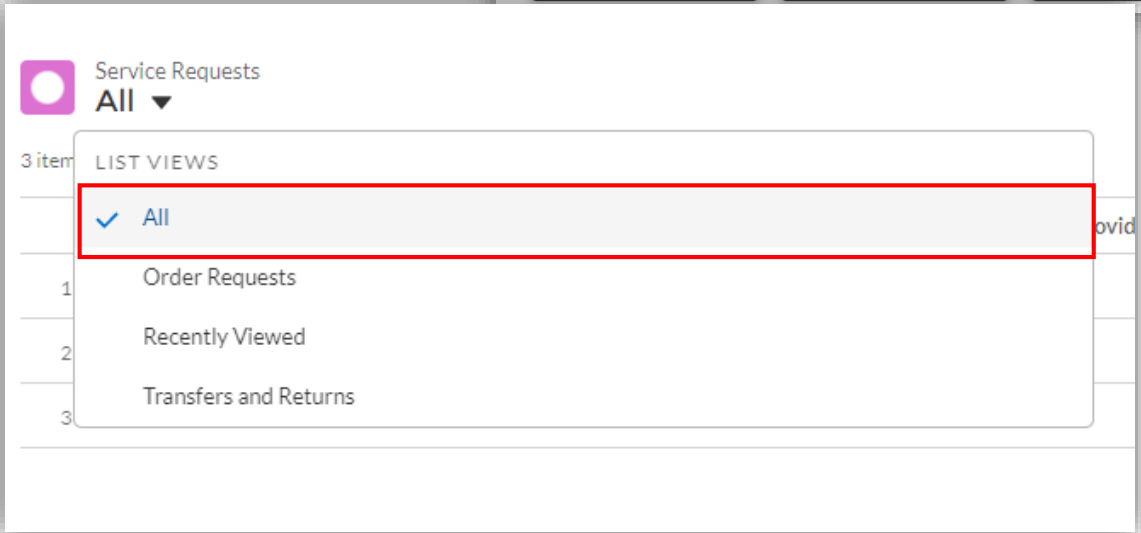
*Receiving Providers* do not need to confirm receipt of the transfer in VAOS. The inventory will update automatically.

# Step 7: Access Receiving Provider Information

18. To view information for the *Receiving Provider*, Navigate to VAOS and click **Vaccine Requests and Transfers** to view your Service Requests.




19. Select **All**.



# Step 7: Access Receiving Provider Information

20. Select the relevant *Vaccine Transfer Request*.

 Service Requests

All ▼

New

Settings

3 items • Sorted by Service Request Name • Filtered by All service requests

	Service Request Name ↑ ▼	Record Type ▼	Transferring provider ▼	Quantity to transfer ▼	Facility ▼	Number of doses req... ▼	
1	SR-0034	First Dose Allocation Request			TX Test	200	▼
2	SR-0038	Vaccine Transfer Request	TX Test	450			▼
3	SR-0044	Vaccine Return Request	TX Test	200			▼

# Step 7: Access Receiving Provider Information

21. In the **Files** section, click **Download Vaccine Transfer form**.

21

Edit

Download Vaccine Transfer Form

Download CDC Approval Form

Files (0)

Add Files

Upload Files

Or drop files

Texas COVID-19 Vaccine Program

Vaccine Transfer Authorization Form

Guidance:

Texas COVID-19 Vaccine providers are expected to maintain an adequate inventory of vaccine. The routine re-distribution of COVID-19 Vaccine is not allowed. Vaccine transfers are limited to: short dated vaccine, withdrawal of a provider from the COVID-19 Vaccine Program, or other (i.e., emergency, disaster, or equipment failure). When a vaccine transfer occurs, the proper cold chain must be maintained. When a provider needs to conduct a transfer of vaccine from one clinic to another, permission must be granted from the designated Department of State Health Services (DSHS) Health Service Region (HSR) prior to the vaccine transfer.

Directions for use of this form:

The Texas COVID-19 vaccine providers must complete the Vaccine Transfer Authorization Form (EC-67) for each vaccine transfer. Each vaccine that is going to be transferred must be listed on a separate row. Transfer requests must be signed by the DSHS HSR and returned to the clinic before a transfer can be conducted. The Vaccine Transfer Authorization Forms must be kept on file for a minimum of five years as required by the Texas COVID-19 vaccine Program and made easily accessible.

Vaccine transfer in emergency situations (i.e., activation of the Emergency Vaccine Storage and Handling Plan)

In the event that a provider must activate their Emergency Vaccine Storage and Handling Plan, providers must transfer vaccines to the alternative storage location identified in the plan. The PIN/Customer ID for the alternative location should not be included on the Vaccine Transfer Authorization Form if the alternative location is not a Texas COVID-19 vaccine provider. Providers must contact the DSHS HSR by telephone prior to faxing the Vaccine Transfer Authorization Form in the event of an emergency. If the DSHS HSR cannot be contacted, the provider may transfer vaccine to the alternative storage location and must notify the DSHS HSR as soon as possible.

Vaccine Transferring From:

PIN/Customer ID: A300425

Facility Name: TX Test

Address: 100 Congress Avenue

City/State/Zip: Austin/TX/78701/United States

Phone: [REDACTED]

Fax:

Contact: John Doe

Email: test123@gmail.com

Vaccine Transferring To:

PIN/Customer ID: 111119

Facility Name: Person Test

Address: 123 Main St., 100

City/State/Zip: Austin/TX/78700/Travis

Phone: 1231231234

Fax:

Contact: [REDACTED]

Email: [REDACTED]

Reason for Transferring Request:

Other: I can't use all the vaccines doses allocated to me

Texas COVID-19 Vaccine Transfer Authorization Form

Vaccine Type:	National Drug Code (NDC):	Lot Number:	Expiration:	Dose Quantity:
Pfizer 1	43063-0609-30	ABC789	12/01/2021	450

Texas Department of State Health Services Immunization Unit

Form No. EC-67

# Step 7: Access Receiving Provider Information

22. Review the Vaccine Transfer Authorization Form to find the *Receiving Provider* shipping and contact information.

22

**Texas COVID-19 Vaccine Program  
Vaccine Transfer Authorization Form**

**Guidance:**  
Texas COVID-19 Vaccine providers are expected to maintain an adequate inventory of vaccine. The routine re-distribution of COVID-19 Vaccine is not allowed. Vaccine transfers are limited to: short dated vaccine, withdrawal of a provider from the COVID-19 Vaccine Program, or other (i.e., emergency, disaster, or equipment failure). When a vaccine transfer occurs, the proper cold chain must be maintained. When a provider needs to conduct a transfer of vaccine from one clinic to another, permission must be granted from the designated Department of State Health Services (DSHS) Health Service Region (HSR) prior to the vaccine transfer.

**Directions for use of this form:**  
The Texas COVID-19 vaccine providers must complete the Vaccine Transfer Authorization Form (EC-67) for each vaccine transfer. Each vaccine that is going to be transferred must be listed on a separate row. Transfer requests must be signed by the DSHS HSR and returned to the clinic before a transfer can be conducted. The Vaccine Transfer Authorization Forms must be kept on file for a minimum of five years as required by the Texas COVID-19 vaccine Program and made easily accessible.

**Vaccine transfer in emergency situations (i.e., activation of the Emergency Vaccine Storage and Handling Plan)**  
In the event that a provider must activate their Emergency Vaccine Storage and Handling Plan, providers must transfer vaccines to the alternative storage location identified in the plan. The PIN/Customer ID for the alternative location should not be included on the Vaccine Transfer Authorization Form if the alternative location is not a Texas COVID-19 vaccine provider. Providers must contact the DSHS HSR by telephone prior to faxing the Vaccine Transfer Authorization Form in the event of an emergency. If the DSHS HSR cannot be contacted, the provider may transfer vaccine to the alternative storage location and must notify the DSHS HSR as soon as possible.

Vaccine Transferring From:	Vaccine Transferring To:	Reason for Transferring Request:
PIN/Customer ID: <u>A300425</u>	PIN/Customer ID: <u>111119</u>	Other: I can't use all the doses allocated to
Facility Name: <u>TX Test</u>	Facility Name: <u>Person Test</u>	
Address: <u>100 Congress Avenue</u>	Address: <u>123 Main St., 100</u>	
City/State/Zip: <u>Austin, TX/78701/United States</u>	City/State/Zip: <u>Austin, TX/78700/Travis</u>	
Phone: <u>[REDACTED]</u>	Phone: <u>1231231234</u>	
Fax: <u>[REDACTED]</u>	Fax: <u>[REDACTED]</u>	
Contact: <u>John Doe</u>	Contact: <u>[REDACTED]</u>	
Email: <u>test123@gmail.com</u>	Email: <u>[REDACTED]</u>	

**Texas COVID-19 Vaccine Transfer Authorization Form**

Vaccine Type:	National Drug Code (NDC):	Lot Number:	Expiration:	Dose Quantity:
Pfizer 1	43063-0609-30	ABC789	12/01/2021	450

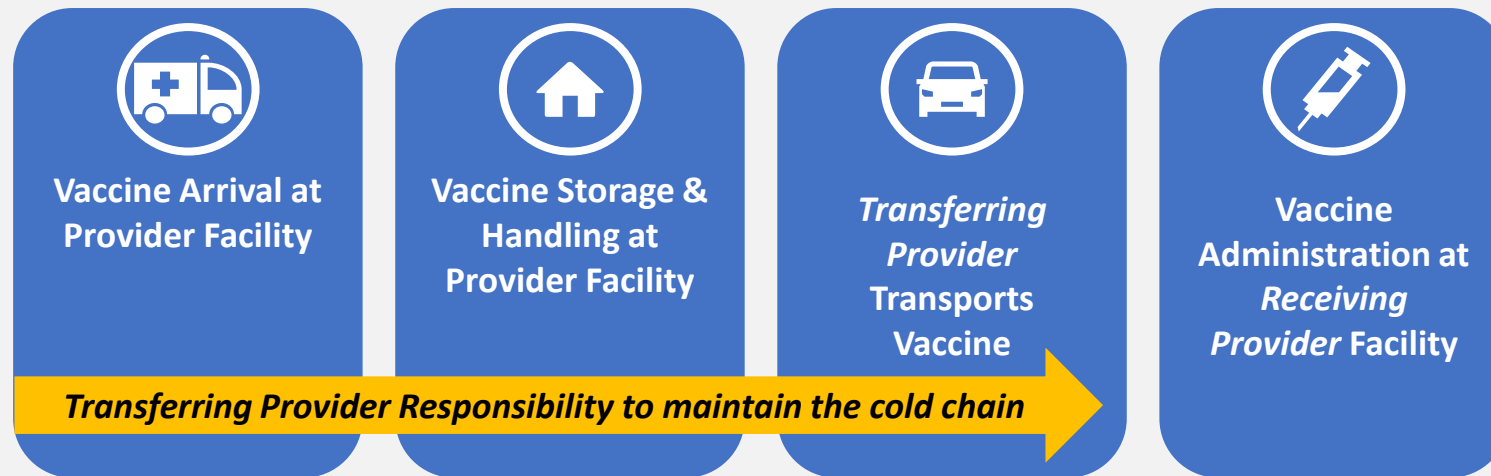
Texas Department of State Health Services Immunization Unit  
Form No. EC-67

Vaccine Transferring From:	Vaccine Transferring To:
PIN/Customer ID: <u>A300425</u>	PIN/Customer ID: <u>111119</u>
Facility Name: <u>TX Test</u>	Facility Name: <u>Person Test</u>
Address: <u>100 Congress Avenue</u>	Address: <u>123 Main St., 100</u>
City/State/Zip: <u>Austin, TX/78701/United States</u>	City/State/Zip: <u>Austin, TX/78700/Travis</u>
Phone: <u>[REDACTED]</u>	Phone: <u>1231231234</u>
Fax: <u>[REDACTED]</u>	Fax: <u>[REDACTED]</u>
Contact: <u>John Doe</u>	Contact: <u>[REDACTED]</u>
Email: <u>test123@gmail.com</u>	Email: <u>[REDACTED]</u>



## Step 8: Coordinate Transfer of Vaccine

23. Contact the *Receiving Provider* and coordinate the transfer of vaccines. Ship or otherwise physically transport the approved amount of doses to the *Receiving Provider* using proper vaccine storage and handling. **Remember:** it is the responsibility of the *Transferring Provider* to practice proper vaccine storage & handling and maintain the cold chain.



COVID-19 vaccines may only be transferred to an **approved COVID-19 Vaccine Provider**.

# 4: Request to Return Vaccines in VAOS



# Returning Vaccine Responsibilities

Before requesting to return vaccines, note that it is the *Requesting Provider's* responsibility to ship or physically transport the vaccine to its next location while maintaining the cold chain. *Transferring Providers* are also responsible for any costs incurred in transferring vaccines.



Vaccine Arrival at  
Provider Facility



Vaccine Storage &  
Handling at Provider  
Facility



*Transferring Provider*  
Ships or Transports  
Vaccine



Vaccine  
Administration at  
*Receiving Provider*  
Facility



***Transferring Provider Responsibility to maintain the cold chain***

# Requesting to Return Vaccine

To prepare to submit a vaccine return request in VAOS, make sure you have this information ready:



✓ Transferring Provider info  
(your information)



✓ Reason for Return



✓ Vaccine Type



✓ Lot ID for the vaccine you  
want to return



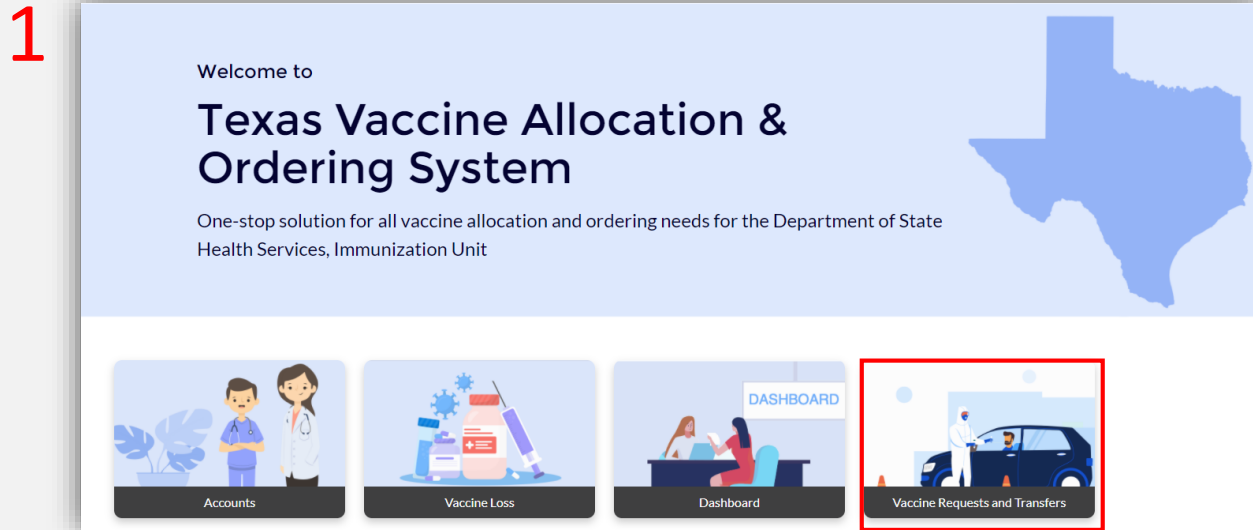
✓ Dose Quantity to return

If your request to return vaccines is approved, DSHS will provide you with the information for a **Receiving Provider**.

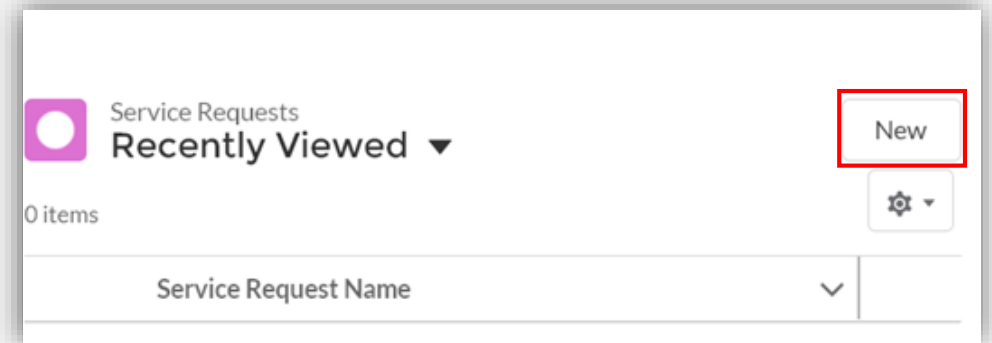
**You will be responsible for transferring the approved vaccines to the Receiving Provider.**

# Step 1: Navigate to the VAOS Provider Portal

1. Log into VAOS at <https://texasvaccines.dshs.texas.gov/> and navigate to the **Vaccine Requests and Transfers** tab.
2. Click **New**.

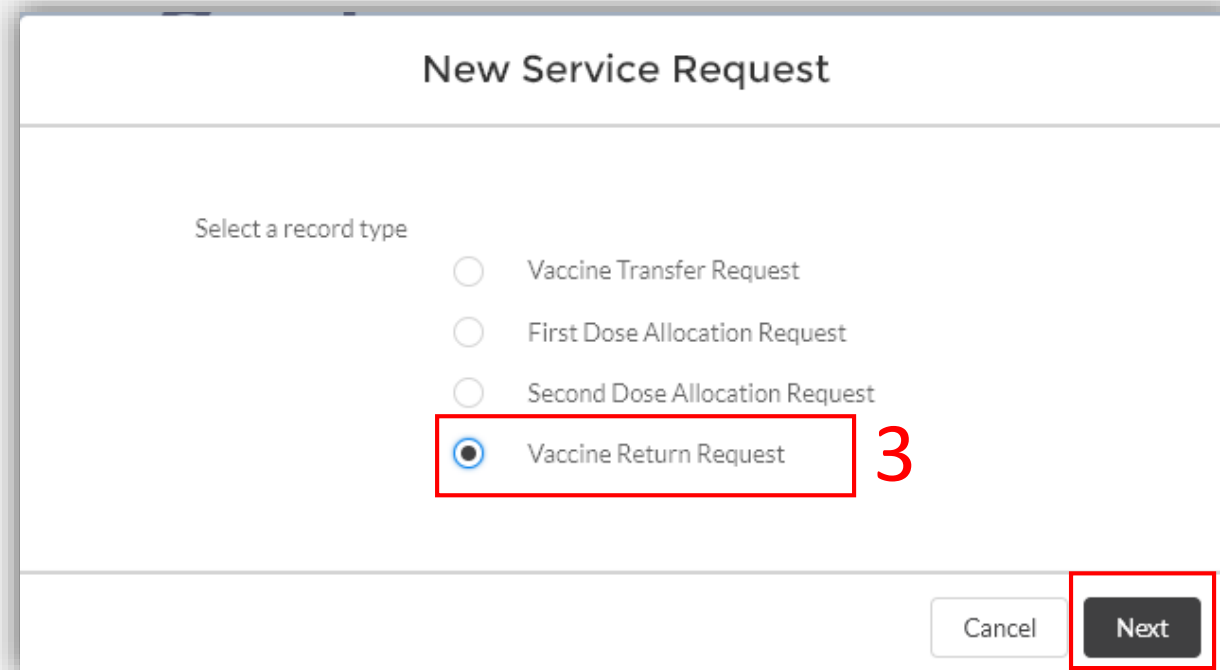


2



## Step 2: Create New Service Request

3. Select **Vaccine Return Request**.
4. Click **Next**.



New Service Request

Select a record type

- ☐ Vaccine Transfer Request
- ☐ First Dose Allocation Request
- ☐ Second Dose Allocation Request
- ☒ Vaccine Return Request 3

Cancel Next 4

# Step 3: Enter Return Request Information

## 5. Enter all mandatory information.

You must choose a reason for transfer

The vaccine type on your return request must match the type in the Lot ID.

You will not be able to request to transfer more doses than your facility has available under the Lot ID.

You can verify the number of doses you have under a Lot ID by searching for the Lot ID. *(see next page for instructions)*

The screenshot shows a web form titled "New Service Request: Vaccine Return Request". The form is divided into two main sections: "Information" and "Additional Details".

**Information Section:**

- Service Request Name:** (Empty text field)
- Status:** New (Dropdown menu)
- Owner:** John Doe (Text field)
- \* Service Request Reason:** Return (Dropdown menu)
- \* Transferring provider:** TX Test (Text field with a close button)
- \* Reason for transfer:** Other: I can't store all the vaccine doses allocated to me (Text field)
- Other:** (Empty text field)
- \* Vaccine Type:** Pfizer 1 (Text field with a close button)
- \* Inventory Record:** VI-000042 (Text field with a close button)
- \* Quantity to transfer:** 100 (Text field)
- Comments:** (Empty text area)
- Approved:** ☐ (Checkbox)

**Additional Details Section:**

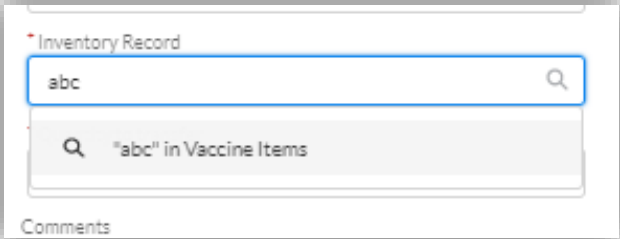
- Additional Details:** (Empty text area)

**Buttons:** Cancel, Save & New, Save

**Annotations:** Four blue arrows point from the text on the left to specific fields in the form: 1. From "You must choose a reason for transfer" to the "Reason for transfer" field. 2. From "The vaccine type on your return request must match the type in the Lot ID." to the "Vaccine Type" field. 3. From "You will not be able to request to transfer more doses than your facility has available under the Lot ID." to the "Quantity to transfer" field. 4. From "You can verify the number of doses you have under a Lot ID by searching for the Lot ID. (see next page for instructions)" to the "Inventory Record" field.

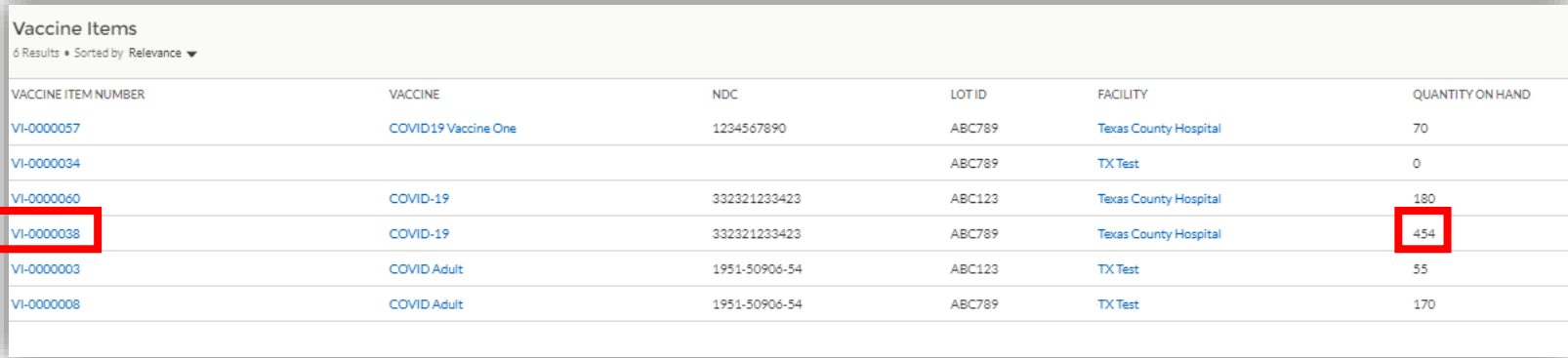
# Step 3: Enter Return Request Information

6



6. To search for the inventory record, start by typing the Lot ID in the field. The associated *Inventory Record*, if available, will appear in the search results below. Select it.

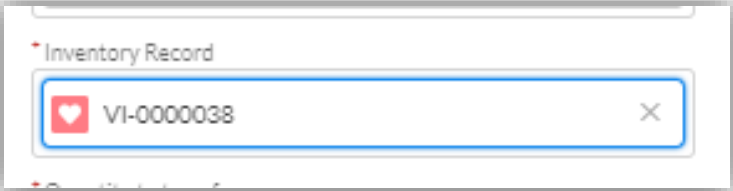
7



VACCINE ITEM NUMBER	VACCINE	NDC	LOT ID	FACILITY	QUANTITY ON HAND
VI-0000057	COVID19 Vaccine One	1234567890	ABC789	Texas County Hospital	70
VI-0000034			ABC789	TX Test	0
VI-0000060	COVID-19	332321233423	ABC123	Texas County Hospital	180
VI-0000038	COVID-19	332321233423	ABC789	Texas County Hospital	454
VI-0000003	COVID Adult	1951-50906-54	ABC123	TX Test	55
VI-0000008	COVID Adult	1951-50906-54	ABC789	TX Test	170

7. Select the inventory item you wish to transfer and note the *Quantity On Hand* for that Lot ID. You will not be able to request to transfer more doses than is listed here.

8



8. Your selection will populate in the *Inventory Record* field back on the *Vaccine Transfer Request* page.



## Step 3: Enter Return Request Information

9. After completing all mandatory information, click **Save**.

Remember, you cannot request to transfer more doses than are available under your selected Lot ID.

New Service Request: Vaccine Return Request

Information

Service Request Name

Owner  
John Doe

Status  
New

\* Service Request Reason  
Return

\* Transferring provider  
TX Test

\* Reason for transfer  
Other: I can't store all the vaccine doses allocated to me

Other

\* Vaccine Type  
Pfizer 1

\* Inventory Record  
VI-0000042

\* Quantity to transfer  
100

Comments

Approved  
☐

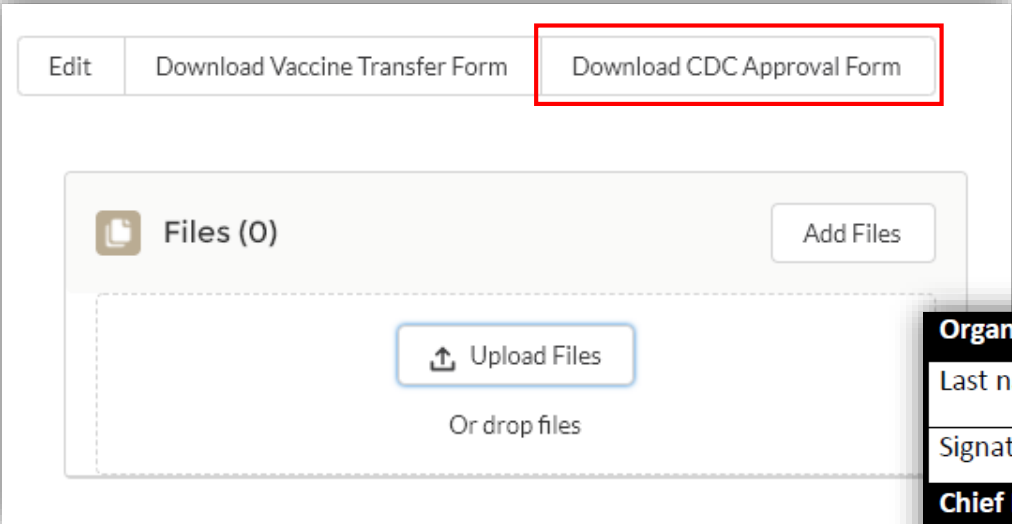
Additional Details

Cancel Save & New Save

# Step 4: Download and Complete CDC Approval Form

10. Click **Download CDC Approval Form**. You must submit a signed CDC Approval Form for every return request.

10



11

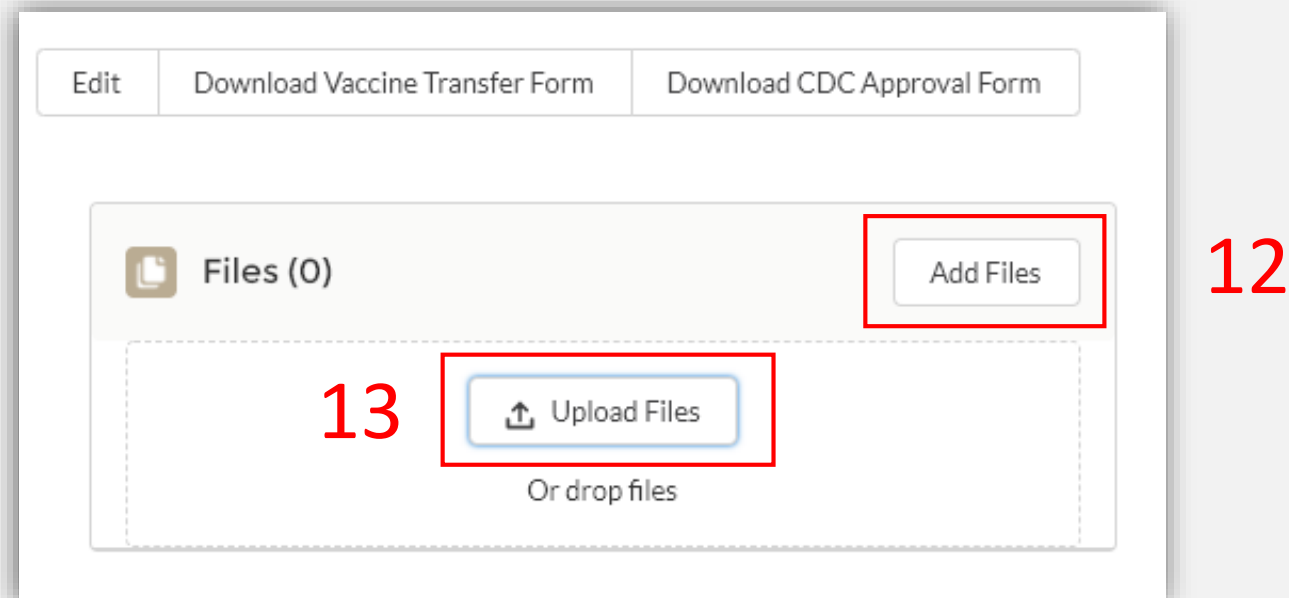
Organization Medical Director (or Equivalent)		
Last name	First name	Middle initial
Signature:		Date:
Chief Executive Officer (Chief Fiduciary Role)		
Last name	First name	Middle initial
Signature:		Date:

11. Review & complete the form carefully. The information you provide on the form should match the information for your VAOS Provider account. Your Organization Medical Director (or Equivalent) and Chief Executive Officer (Chief Fiduciary Role) must sign the form.

## Step 5: Upload and Submit CDC Approval Form

12. After obtaining the appropriate signatures, upload the completed form into VAOS. To do this, click **Add Files**.

13. Click **Upload Files**.

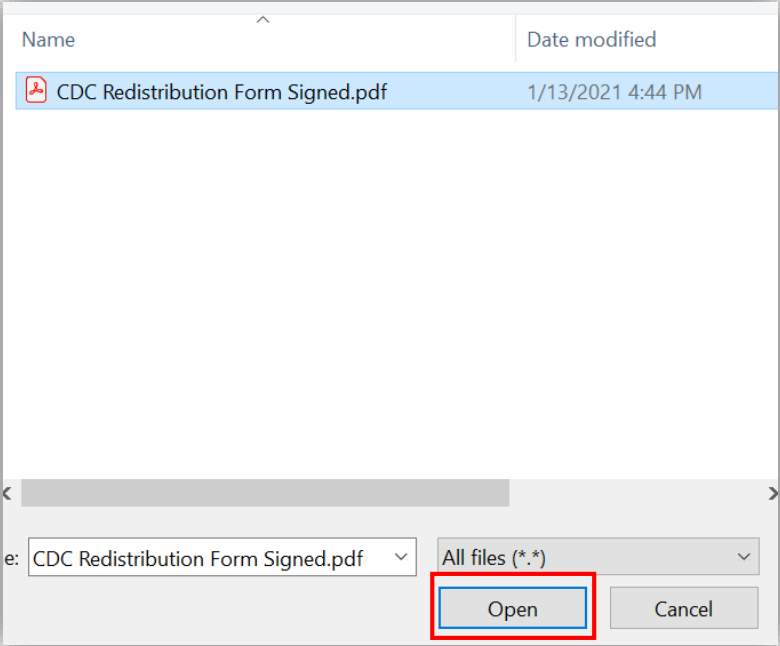


The screenshot shows a web interface for file management. At the top, there are three buttons: "Edit", "Download Vaccine Transfer Form", and "Download CDC Approval Form". Below these is a section titled "Files (0)" with a folder icon. To the right of this section is a button labeled "Add Files", which is highlighted with a red rectangle and the number "12". Below the "Files (0)" section is a large dashed box representing a file drop area. Inside this area, on the left, is the number "13". To the right of "13" is a button labeled "Upload Files" with an upward arrow icon, which is highlighted with a red rectangle. Below the "Upload Files" button is the text "Or drop files".

# Step 5: Upload and Submit CDC Approval Form

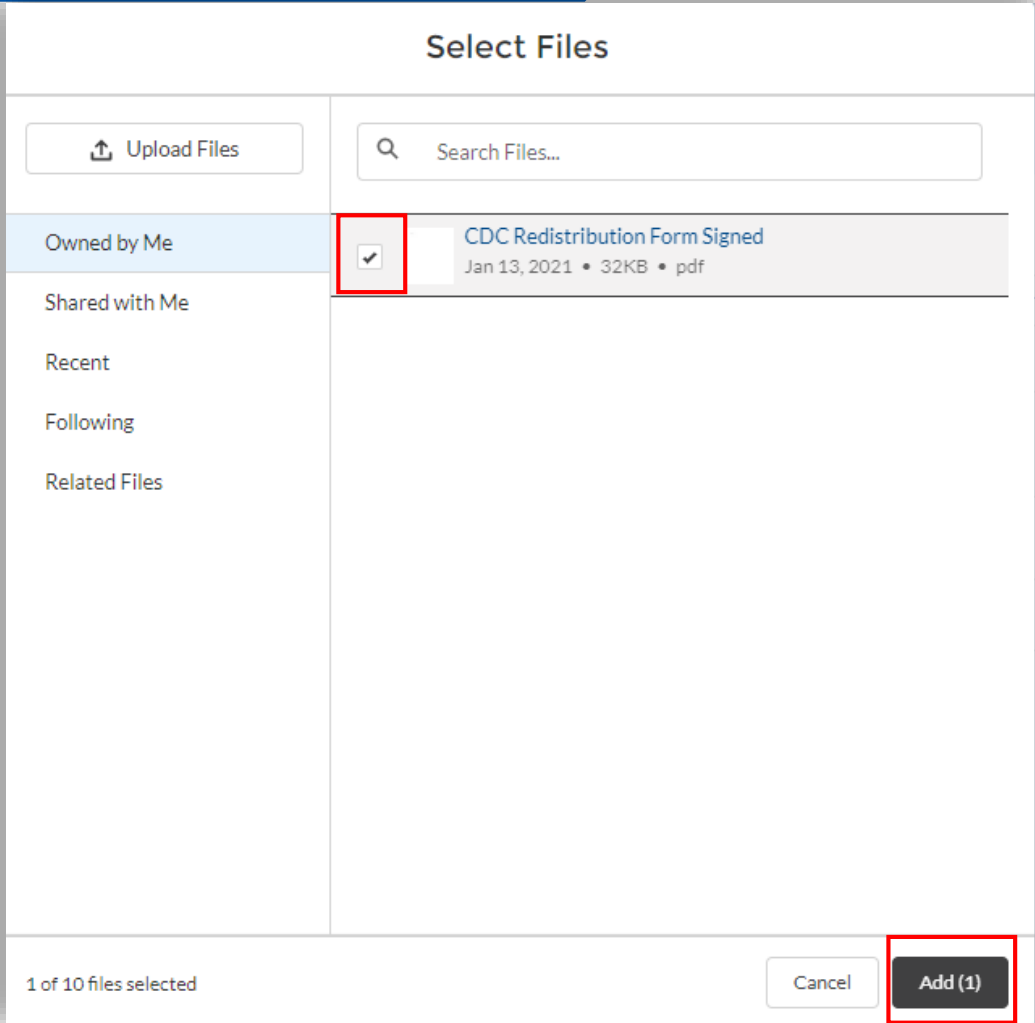
14. Select file to upload, click **Open**.

14



15. Select the checkbox next to the file you want to upload, click **Add**.

15



## Step 6: Receive Email Notifications

16. After the request to return is submitted, DSHS will review the request. The **requesting person at the *Transferring Provider* will receive an email** once the request has either been **approved or denied**.

16

Dear Provider,

Thank you for your return request submission. Your request to return 2 doses of COVID-19 from Mait\_org16\_01 has been **approved**. These doses will be transferred to Tes Acc!@.

As the returning provider, **you are responsible for the physical transfer of the approved doses to Tes Acc!@**. You can view the relevant details of your vaccine transfer, including the address and contact information for the receiving provider, in the Texas Vaccine Allocation and Ordering System (VAOS) at (<https://texasvaccines.dshs.texas.gov>).

**Next Steps:**

1. In VAOS, navigate to Service Requests and download Vaccine Transfer form to view relevant details for the receiving provider
2. Contact the receiving provider to coordinate the transfer of doses
3. Ship or otherwise physically transfer doses to the receiving provider as soon as possible

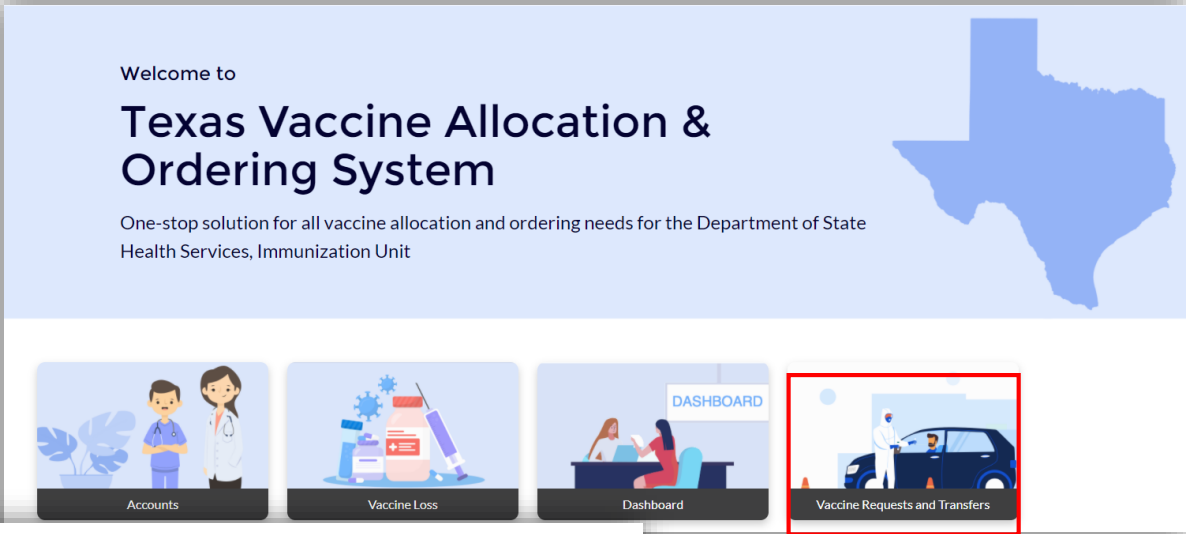
You can find additional information about VAOS and how to use it on the [COVID-19 Vaccine Management Resources](#) site.

For any questions related to COVID-19 orders, or technical questions on how the Vaccine Ordering and Management system operates, please contact [COVID19VacEnroll@dshs.texas.gov](mailto:COVID19VacEnroll@dshs.texas.gov)

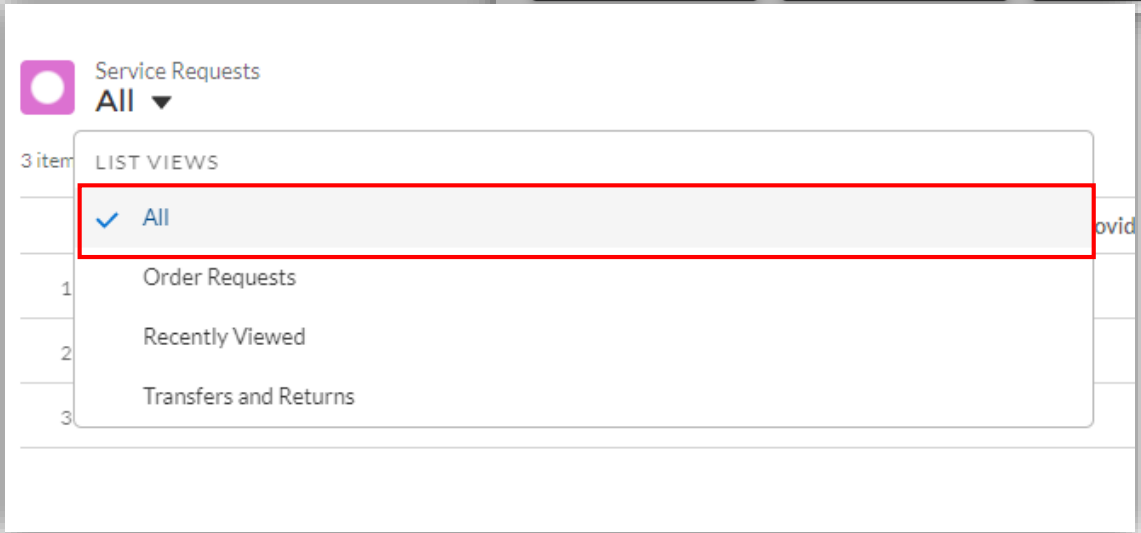
17. If approved, the **primary & backup vaccine coordinators at the *Receiving Provider*** will also receive an email notification.

# Step 7: Access Receiving Provider Information

18. To view information for the *Receiving Provider*, Navigate to VAOS and click **Vaccine Requests and Transfers** to view your Service Requests.




19. Select **All**.



# Step 7: Access Receiving Provider Information

20. Select the relevant *Vaccine Return Request*.

 Service Requests  
All ▼

3 items • Sorted by Service Request Name • Filtered by All service requests

New

⚙️

	Service Request Name ↑ ▼	Record Type ▼	Transferring provider ▼	Quantity to transfer ▼	Facility ▼	Number of doses req... ▼	
1	SR-0034	First Dose Allocation Request			TX Test	200	▼
2	SR-0038	Vaccine Transfer Request	TX Test	450			▼
3	SR-0044	Vaccine Return Request	TX Test	200			▼

# Step 7: Access Receiving Provider Information

21. In the **Files** section, click **Download Vaccine Transfer form**.

21

Edit

Download Vaccine Transfer Form

Download CDC Approval Form

Files (0)

Add Files

Upload Files

Or drop files

Texas COVID-19 Vaccine Program

Vaccine Transfer Authorization Form

Guidance:

Texas COVID-19 Vaccine providers are expected to maintain an adequate inventory of vaccine. The routine re-distribution of COVID-19 Vaccine is not allowed. Vaccine transfers are limited to: short dated vaccine, withdrawal of a provider from the COVID-19 Vaccine Program, or other (i.e., emergency, disaster, or equipment failure). When a vaccine transfer occurs, the proper cold chain must be maintained. When a provider needs to conduct a transfer of vaccine from one clinic to another, permission must be granted from the designated Department of State Health Services (DSHS) Health Service Region (HSR) prior to the vaccine transfer.

Directions for use of this form:

The Texas COVID-19 vaccine providers must complete the Vaccine Transfer Authorization Form (EC-67) for each vaccine transfer. Each vaccine that is going to be transferred must be listed on a separate row. Transfer requests must be signed by the DSHS HSR and returned to the clinic before a transfer can be conducted. The Vaccine Transfer Authorization Forms must be kept on file for a minimum of five years as required by the Texas COVID-19 vaccine Program and made easily accessible.

Vaccine transfer in emergency situations (i.e., activation of the Emergency Vaccine Storage and Handling Plan)

In the event that a provider must activate their Emergency Vaccine Storage and Handling Plan, providers must transfer vaccines to the alternative storage location identified in the plan. The PIN/Customer ID for the alternative location should not be included on the Vaccine Transfer Authorization Form if the alternative location is not a Texas COVID-19 vaccine provider. Providers must contact the DSHS HSR by telephone prior to faxing the Vaccine Transfer Authorization Form in the event of an emergency. If the DSHS HSR cannot be contacted, the provider may transfer vaccine to the alternative storage location and must notify the DSHS HSR as soon as possible.

Vaccine Transferring From:

PIN/Customer ID: A300425

Facility Name: TX Test

Address: 100 Congress Avenue

City/State/Zip: Austin/TX/78701/United States

Phone: [REDACTED]

Fax:

Contact: John Doe

Email: test123@gmail.com

Vaccine Transferring To:

PIN/Customer ID: 111119

Facility Name: Person Test

Address: 123 Main St., 100

City/State/Zip: Austin/TX/78700/Travis

Phone: 1231231234

Fax:

Contact: [REDACTED]

Email: [REDACTED]

Reason for Transferring Request:

Other: I can't use all the vaccines doses allocated to me

Texas COVID-19 Vaccine Transfer Authorization Form

Vaccine Type:	National Drug Code (NDC):	Lot Number:	Expiration:	Dose Quantity:
Pfizer 1	43063-0609-30	ABC789	12/01/2021	450

Texas Department of State Health Services Immunization Unit

Form No. EC-67



# Step 7: Access Receiving Provider Information

22. Review the Vaccine Transfer Authorization Form to find the *Receiving Provider* shipping and contact information.

22

**Texas COVID-19 Vaccine Program  
Vaccine Transfer Authorization Form**

**Guidance:**  
Texas COVID-19 Vaccine providers are expected to maintain an adequate inventory of vaccine. The routine re-distribution of COVID-19 Vaccine is not allowed. Vaccine transfers are limited to: short dated vaccine, withdrawal of a provider from the COVID-19 Vaccine Program, or other (i.e., emergency, disaster, or equipment failure). When a vaccine transfer occurs, the proper cold chain must be maintained. When a provider needs to conduct a transfer of vaccine from one clinic to another, permission must be granted from the designated Department of State Health Services (DSHS) Health Service Region (HSR) prior to the vaccine transfer.

**Directions for use of this form:**  
The Texas COVID-19 vaccine providers must complete the Vaccine Transfer Authorization Form (EC-67) for each vaccine transfer. Each vaccine that is going to be transferred must be listed on a separate row. Transfer requests must be signed by the DSHS HSR and returned to the clinic before a transfer can be conducted. The Vaccine Transfer Authorization Forms must be kept on file for a minimum of five years as required by the Texas COVID-19 vaccine Program and made easily accessible.

**Vaccine transfer in emergency situations (i.e., activation of the Emergency Vaccine Storage and Handling Plan)**  
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Vaccine Transferring From:	Vaccine Transferring To:	Reason for Transferring Request:
PIN/Customer ID: <u>A300425</u>	PIN/Customer ID: <u>111119</u>	Other: I can't use all the doses allocated to
Facility Name: <u>TX Test</u>	Facility Name: <u>Person Test</u>	
Address: <u>100 Congress Avenue</u>	Address: <u>123 Main St., 100</u>	
City/State/Zip: <u>Austin, TX/78701/United States</u>	City/State/Zip: <u>Austin, TX/78700/Travis</u>	
Phone: <u>[REDACTED]</u>	Phone: <u>1231231234</u>	
Fax: <u>[REDACTED]</u>	Fax: <u>[REDACTED]</u>	
Contact: <u>John Doe</u>	Contact: <u>[REDACTED]</u>	
Email: <u>test123@gmail.com</u>	Email: <u>[REDACTED]</u>	

**Texas COVID-19 Vaccine Transfer Authorization Form**

Vaccine Type:	National Drug Code (NDC):	Lot Number:	Expiration:	Dose Quantity:
Pfizer 1	43063-0609-30	ABC789	12/01/2021	450

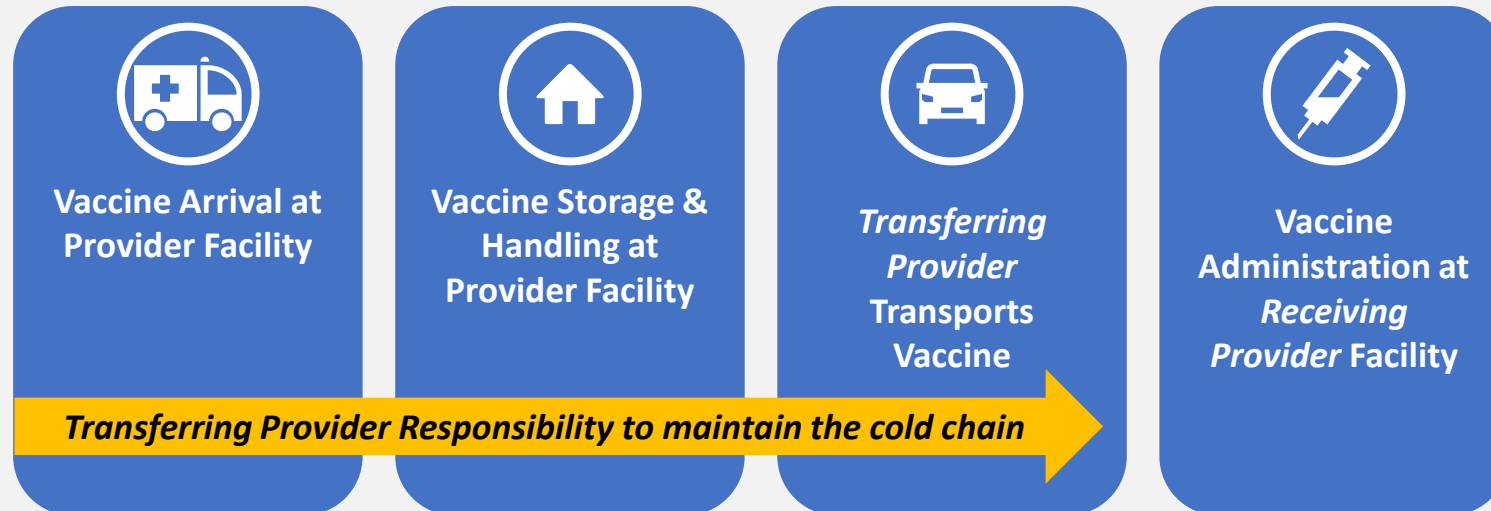
Texas Department of State Health Services Immunization Unit  
Form No. EC-67

Vaccine Transferring From:	Vaccine Transferring To:
PIN/Customer ID: <u>A300425</u>	PIN/Customer ID: <u>111119</u>
Facility Name: <u>TX Test</u>	Facility Name: <u>Person Test</u>
Address: <u>100 Congress Avenue</u>	Address: <u>123 Main St., 100</u>
City/State/Zip: <u>Austin, TX/78701/United States</u>	City/State/Zip: <u>Austin, TX/78700/Travis</u>
Phone: <u>[REDACTED]</u>	Phone: <u>1231231234</u>
Fax: <u>[REDACTED]</u>	Fax: <u>[REDACTED]</u>
Contact: <u>John Doe</u>	Contact: <u>[REDACTED]</u>
Email: <u>test123@gmail.com</u>	Email: <u>[REDACTED]</u>

## Step 8: Coordinate Transfer of Vaccine

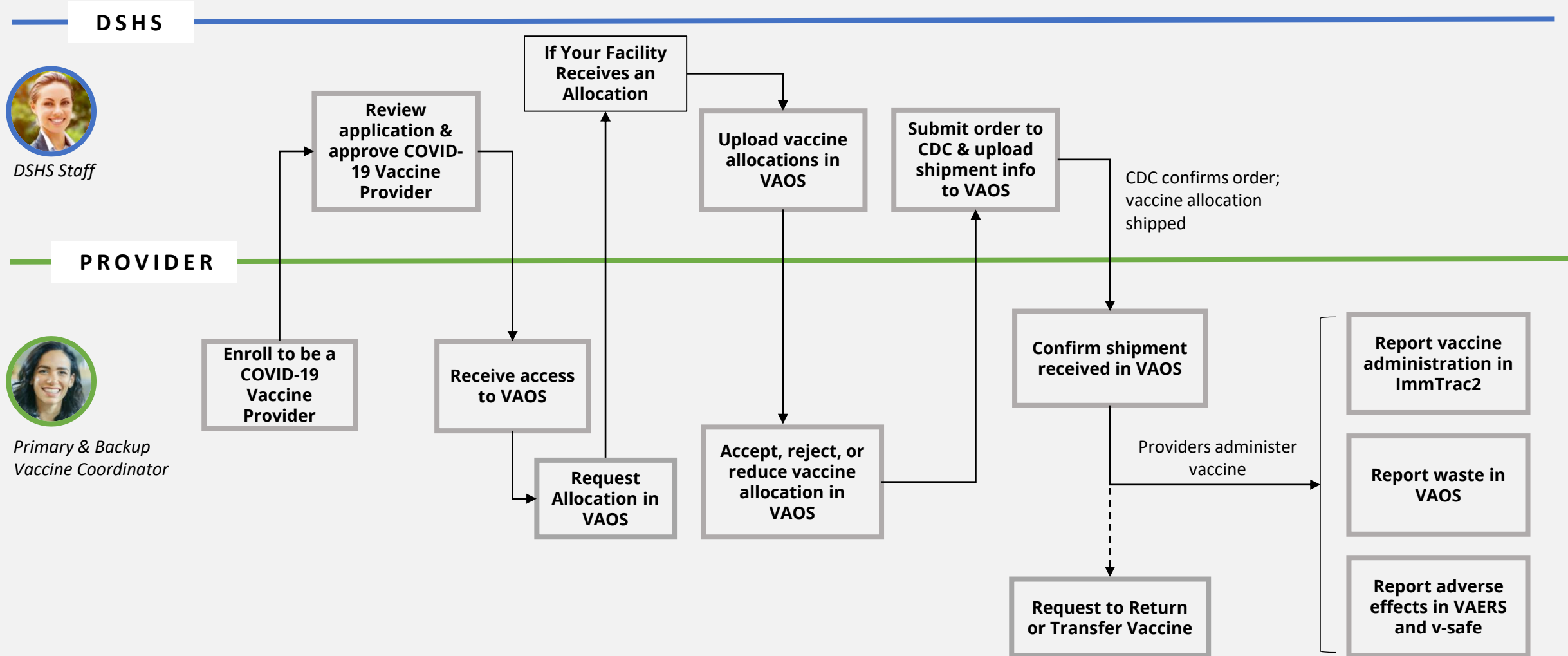
23. Contact the *Receiving Provider* and coordinate the transfer of vaccines. Ship or otherwise physically transport the approved doses to the *Receiving Provider* using proper vaccine storage and handling.

**Remember:** it is the responsibility of the *Transferring Provider* to practice proper vaccine storage & handling and maintain the cold chain in transport.

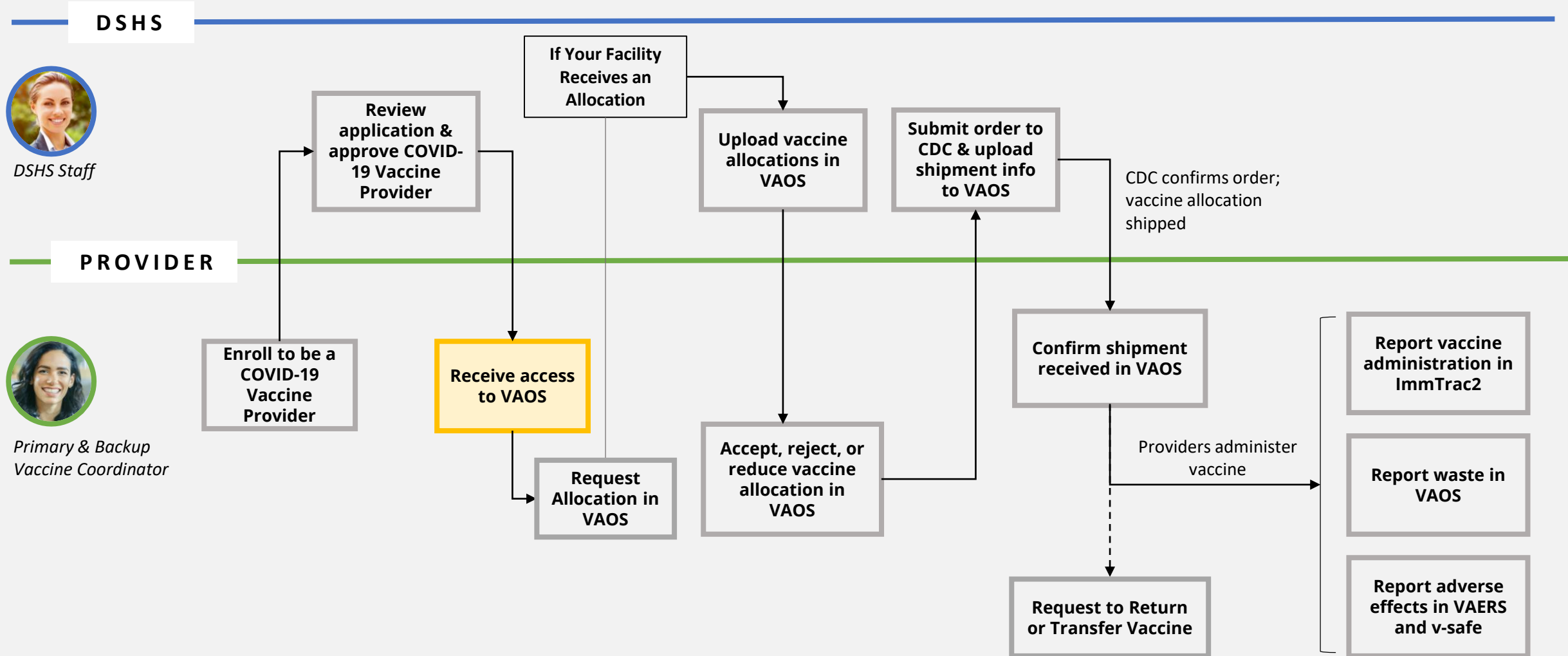


# VAOS Reminders & FAQs

# COVID-19 Vaccine Provider Milestones



# COVID-19 Vaccine Provider Milestones



# Receive Access to VAOS

## Did you know...?

Only **2 people per facility** receive access to VAOS– the **primary & backup vaccine coordinators**.



Primary Vaccine Coordinator



Backup Vaccine Coordinator

You provided information for the primary & backup vaccine coordinator during the enrollment process.

**PANDEMIC PROVIDER ENROLLMENT**  
Enroll to request COVID-19 Vaccine

**Pandemic Vaccine Coordinators**  
Designate the primary and backup pandemic vaccine coordinators for this facility. The coordinators will become the main point-of-contact for vaccine distribution, accountability and other communications.

**Primary Vaccine Coordinator**

\*Last Name  \*First Name  MI   
\*Telephone  \*Email   
Degree/Credentials

**Backup Vaccine Coordinator**

\*Last Name  \*First Name  MI   
\*Telephone  \*Email   
Degree/Credentials

Save & Continue Save & Exit

## Did you know...?

You can **change who has access** to VAOS for your facility.



NEW Primary Vaccine Coordinator



NEW Backup Vaccine Coordinator

If you would like to designate a different person to have access to VAOS for your facility contact the **DSHS COVID-19 Vaccine Provider Help Desk** at:

(877) 835-7750, 8 a.m. to 5 p.m., Monday-Friday

[COVID19VacEnroll@dshs.Texas.gov](mailto:COVID19VacEnroll@dshs.Texas.gov)

# Receive Access to VAOS

## Did you know...?

Providers access VAOS via the **HHS Enterprise Portal**.

To access VAOS, Providers should sign in at

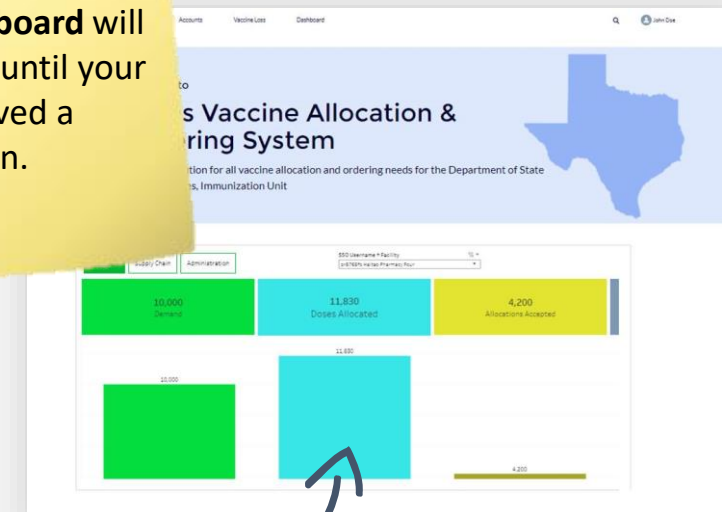
<https://texasvaccines.dshs.Texas.gov>.

This site may direct you to the HHS Enterprise Portal (below). Use your VAOS credentials to sign in here.



## Did you know...?

Your **VAOS dashboard** will not display data until your facility has received a vaccine allocation.



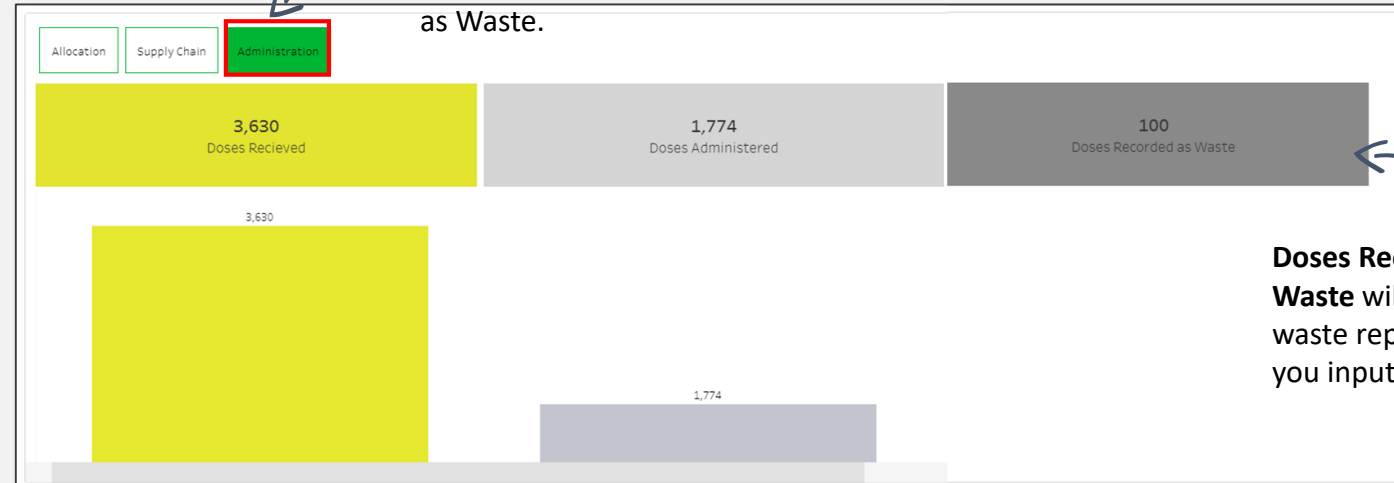
If your dashboard looks empty– don't panic!  
Your VAOS dashboard **will not display data until your facility has received a vaccine allocation.**

# Receive Access to VAOS

## Did you know...?

COVID-19 Vaccine Providers may experience a **delay of up to three days** (or longer, based on how you report) between when they report vaccine administration in ImmTrac2 and when that information is reflected on the VAOS dashboard.

On the **Administration** tab, you can view Doses Received, Doses Administered, and Doses Recorded as Waste.



Doses Recorded as Waste will reflect the waste reports that you input into VAOS.



Quantity on Hand is based on Doses Received and Doses Administered.

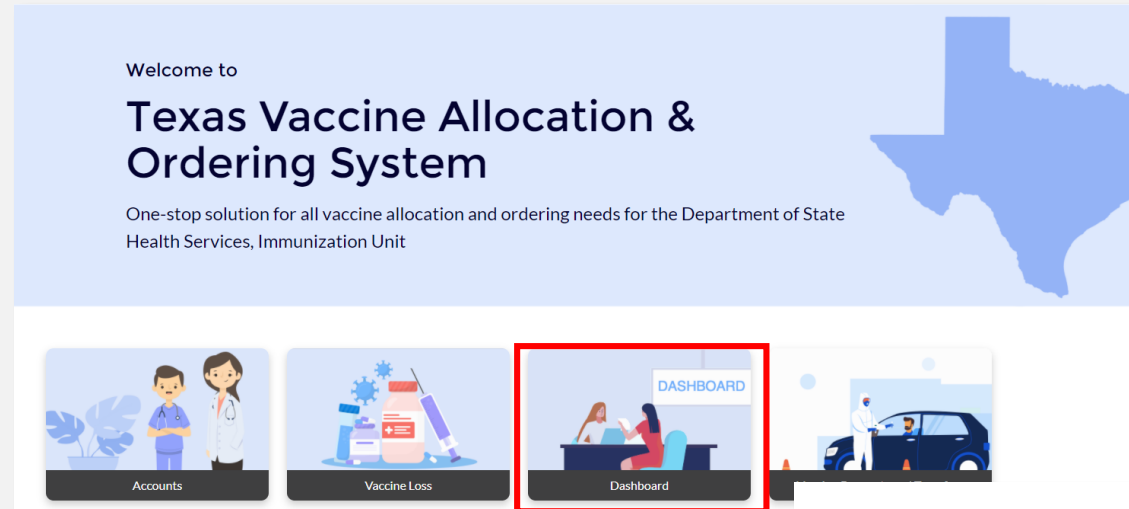
This delay may affect the data you see for ***Doses Administered*** and ***Quantity on Hand***.



# Receive Access to VAOS: VAOS Provider Dashboard

## Did you know...?

You can view dashboards from multiple facilities on the "Allocations" dashboard.



If you are the primary or backup vaccine coordinator for multiple facilities, you can toggle between dashboards on the "SSO Username + Facility" dropdown menu.

SSO Username + Facility

00278473 AutomationRKXLV AKYZO



(All)

00278473 AutomationRKXLV AKYZO

00540727 AutomationDBFWP BPAZO

00649640 AutomationWHVRT WONUT

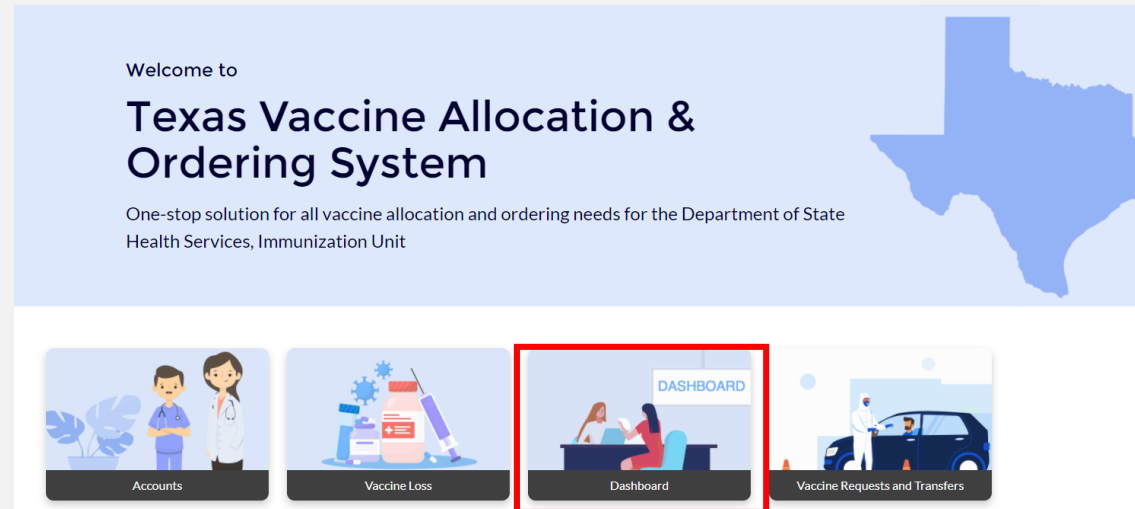
01153138 2020jkim test

01955238 Virginia 123

# Receive Access to VAOS: VAOS Provider Dashboard

## Did you know...?

The data in the Tableau **Provider Dashboard** refreshes nightly, so you may not see updated data, such as allocations received until the next day.



**300**

Doses Allocated



*Nightly refresh*

**600**

Doses Allocated

# Receive Access to VAOS: VAOS Provider Dashboard

## Did you know...?

If you're logging into the Provider Dashboard, you must log out of any other Tableau account before inputting your login information.

You will receive the “Resource not found” error if you try to log into your Provider Dashboard without **first signing out of other Tableau accounts**.



Sign in to Tableau Server

The screenshot shows the Texas Vaccine Allocation & Ordering System (VAOS) Provider Dashboard. The header includes the Texas Department of State Health Services logo and navigation links: Home, Accounts, Vaccine Loss, Dashboard, and Vaccine Requests and Transfers. A search icon and the user name 'alexandria.wagner' are also visible. The main content area has a light blue background with a map of Texas on the right. The text reads: 'Welcome to Texas Vaccine Allocation & Ordering System. One-stop solution for all vaccine allocation and ordering needs for the Department of State Health Services, Immunization Unit.' Below this, a white box contains the error message: 'Resource not found. Please check the URL and try again.' A yellow arrow points from the text in the bottom left to this error box.

# Receive Access to VAOS

## Did you know...?

You should **login to ImmTrac2 ASAP** after receiving VAOS access. If you don't, you will lose your VAOS and ImmTrac2 access in 120 days.

- **You MUST login to ImmTrac2 to avoid being disassociated by the system for inactivity.**
- If ImmTrac2 users do not login immediately or have gone 365 days since your last login, ***you will not be able to login to ImmTrac2 or VAOS.***
- Log into ImmTrac2 [here](#).
- For information about logging into ImmTrac2, email: [ImmTrac2@dshs.texas.gov](mailto:ImmTrac2@dshs.texas.gov)

The screenshot shows the ImmTrac2 login interface. On the left is a blue sidebar with the 'Production' environment label and login fields for Org Code, Username, and Password, along with a 'Login' button and links for 'Forgot Username?' and 'Forgot Password?'. The main content area has a header with the Texas Department of State Health Services logo and the 'ImmTrac2 Texas Immunization Registry' title. Below the header is a navigation bar with links for HOME, FORMS, REGISTRATION, and USER TRAINING. A 'Hot Topics' section features a link to 'ImmTrac2 Support During COVID-19 Response' with a 'Posted on 03/17/2020' date. The footer contains copyright information for 1999-2020.

Production

Org Code:

Username:

Password:

Login

DO NOT ATTEMPT TO LOG ON UNLESS YOU ARE AN AUTHORIZED USER.

[Forgot Username?](#)

[Forgot Password?](#)

TEXAS Health and Human Services | Texas Department of State Health Services

ImmTrac2 Texas Immunization Registry

HOME FORMS REGISTRATION USER TRAINING

Hot Topics [HT-1](#) [HT-2](#) [HT-3](#) [HT-4](#) [HT-5](#) [HT-6](#) [HT-7](#)

**ImmTrac2 Support During COVID-19 Response** Posted on 03/17/2020

Due to the COVID-19 response efforts, ImmTrac2 customer support is limited.

Please email [ImmTrac2@dshs.texas.gov](mailto:ImmTrac2@dshs.texas.gov) for general ImmTrac2 application support.

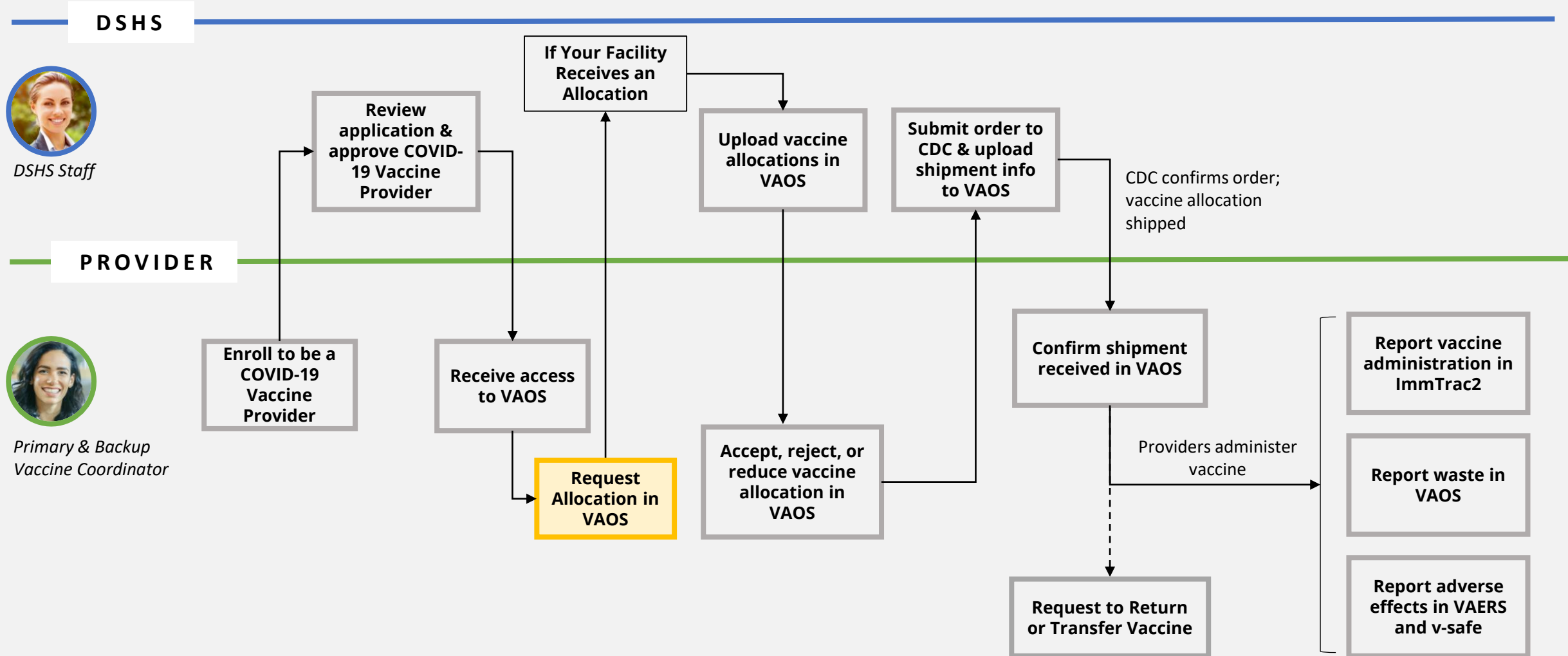
Data exchange submitters should email [ImmTrac2MU@dshs.texas.gov](mailto:ImmTrac2MU@dshs.texas.gov)

ImmTrac2 application and data exchange users working from home are advised and reminded to follow all HIPAA guidelines and Texas Privacy laws to protect client (PII) and immunization data (PHI).

[ImmTrac2 Quick Guide - Change Password](#)  
[Immunization Unit - Home Page](#)  
[Vaccine Adverse Event Reporting System \(VAERS\)](#)

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# COVID-19 Vaccine Provider Milestones

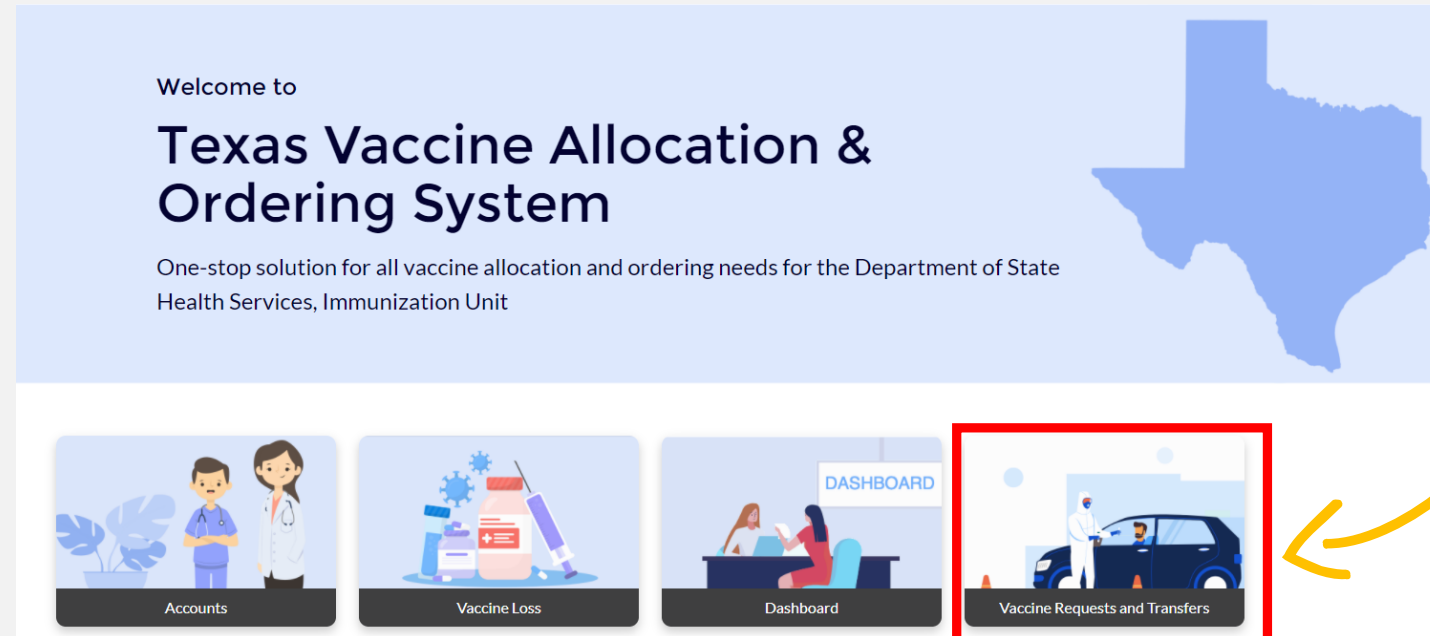


# Request Allocations in VAOS

## Did you know...?

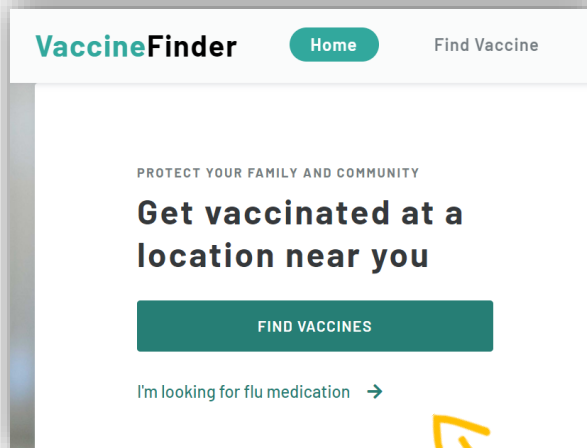
Submitted allocation requests inform allocation decisions, but **do not guarantee** that you will receive an allocation for your requested doses.

When you submit an allocation request in the VAOS “Vaccine Requests and Transfers” portal, **your allocation request may not be guaranteed** based on limited supply of the vaccines.



*Submit  
allocation  
requests here!*

# Request Allocations in VAOS



*CDC Vaccine Finder*

The screenshot shows a 'Service Request' form in VAOS, titled 'SR-0034'. The form is divided into sections. The 'Information' section states: 'This vaccine request is not guaranteed and may not be fulfilled in its entirety. Please ensure: 1. Your facility can utilize all the vaccines you are requesting within one week; 2. Your facility has enough storage space\* for the doses you request; and 3. Someone will be available to receive this shipment. \* Pfizer vaccines do not require providers to have ultra-cold storage'. The 'First Dose Allocation' section shows 'Created By: John Doe, 1/13/2021, 1:49 PM'. The 'Facility' section has a dropdown menu with 'TX Test' selected. Below this, there are three checkboxes: 'Post my info in the CDC Vaccine Finder' (unchecked), 'I want to receive ancillary supplies' (checked), and 'Presentation' (checked). The 'Presentation' section has a dropdown menu with 'Moderna' selected. Below this, there's a checkbox for 'If Pfizer, do you need dry ice?' (unchecked). The 'Number of doses requested' is set to '200'. The 'Who do you plan to vaccinate?' section has two columns: 'Available' and 'Chosen'. The 'Available' column has a dropdown menu with 'Military' selected. The 'Chosen' column has a dropdown menu with '65+' selected. At the bottom, there are 'Cancel' and 'Save' buttons.

## Did you know...

When requesting allocations, providers can indicate whether they want the CDC to direct the public to their facility as a COVID-19 Vaccine Provider.

## Did you know...




When submitting an allocation request, providers can opt-in to receive ancillary supplies.

# Requesting Allocations in VAOS

## Did you know...

Providers should only request allocations for a quantity of doses that can be administered to their patient population in a **one-week period**.

Providers should request allocations **weekly by Thursday at 5PM CT** for allocations that can be administered in a **one-week** period.

Monday	Tuesday	Wednesday	Thursday	Friday
Day 1  Submit allocation requests in VAOS	Day 2	Day 3	Day 4 Deadline to submit <b>weekly</b> request by 5PM 	Day 5
Day 8	Day 9	Day 10 <i>Providers receive allocation notification. Providers do not need to accept the allocation in VAOS.</i>	Day 11  <i>Providers receive shipment notifications</i>	Day 12 Hub site orders delivered 
Day 15 Other Provider orders delivered 	Day 16	Day 17	Day 18	Day 19


Now that Providers are requesting allocations, they **do not need to accept allocations** in VAOS.

Providers should **receive notification of their allocation the Wednesday after** they submit their allocation request.



# Request Allocations in VAOS

Providers should request Pfizer vaccine second dose allocations by Thursday 5pm **the week after** receiving their shipment of first doses and should request Moderna second dose allocations by Thursday 5pm **two weeks after** receiving their shipment of first doses.

Monday	Tuesday	Wednesday	Thursday	Friday
<b>First Dose</b> shipment received ( <i>Pfizer or Moderna</i> ) 	Begin administering <b>First Doses</b> ( <i>Pfizer or Moderna</i> )			
Submit allocation request for <b>Pfizer Second Dose</b> by Thursday 5 PM				
Submit allocation request for <b>Moderna Second Dose</b> by Thursday 5 PM				
<b>Second Dose of Pfizer</b> shipment received 	<b>Pfizer Second Dose</b> administration ( <i>Day 21</i> )			
<b>Second Dose of Moderna</b> shipment received 	<b>Moderna Second Dose</b> administration ( <i>Day 28</i> )			

## Did you know...

Beginning the week of 1/18, **Providers must request second dose allocations** in VAOS.

Providers should submit **separate allocation requests** for first and second dose allocations.

# Request Allocations in VAOS

Did you know...?

You can request allocations of the **Pfizer vaccine in 975 dose** allocations

Did you know...?

You can request allocations of the **Moderna vaccine in 100 dose** allocations



When you submit allocation requests in VAOS, you can submit requests for **dose allocations in dosage increments** based on the vaccine presentation you request.

Remember you should only request allocations for the number of doses you can use for your patient population in a **one-week period**.

# Request Allocations in VAOS

## Did you know...?

Only the individual who submitted the initial request for an allocation can view the service request.



Service Requests

Recently Viewed ▼

3 items

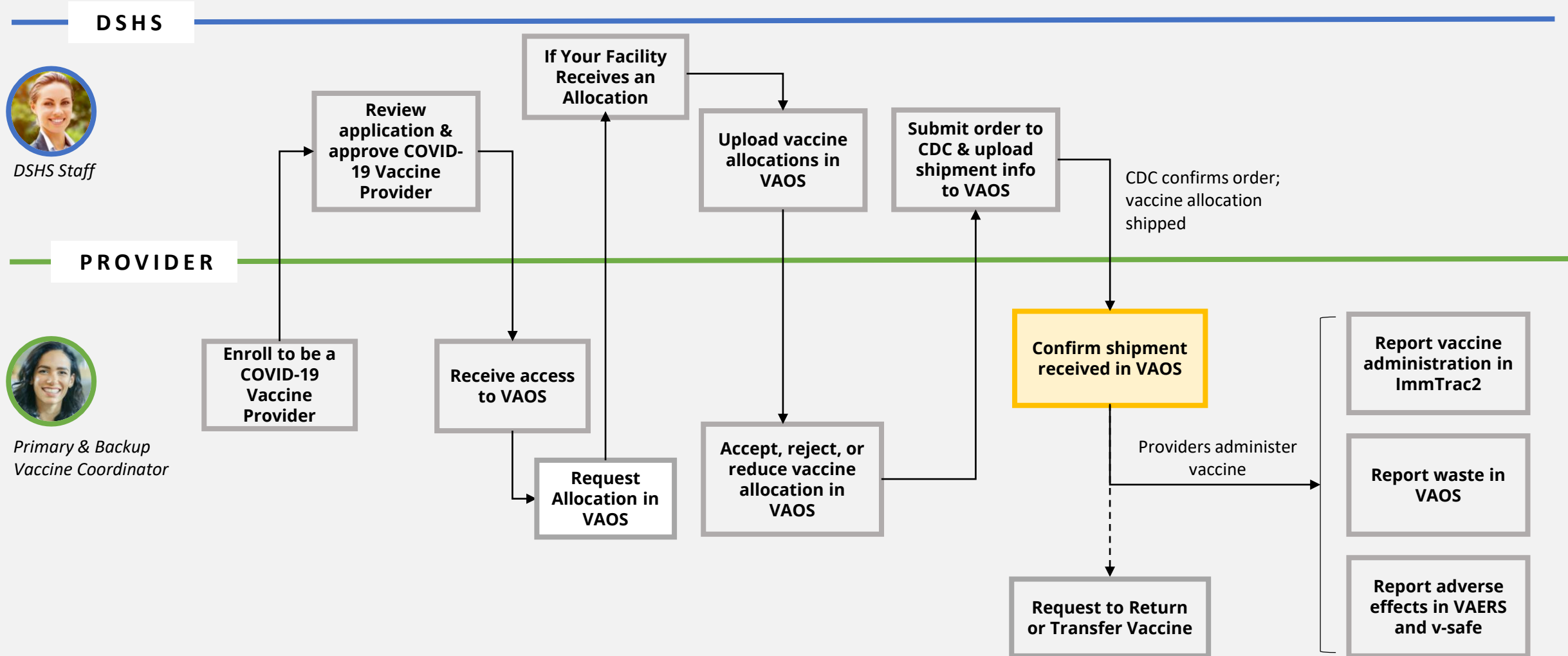
	Service Request Name
1	<a href="#">SR-0034</a>
2	<a href="#">SR-0038</a>
3	<a href="#">SR-0044</a>



If the primary contact for a facility inputs a service request, the secondary contact at the facility cannot see it. Coordinate with your team to determine the contact inputting allocation requests.

**Poll: Providers should request allocations that they can administer over\_\_\_\_\_.**

# COVID-19 Vaccine Provider Milestones



# Confirm Shipment in VAOS

## Did you know...?

Primary & backup vaccine coordinators will receive an **email notification when a vaccine allocation ships.**

After your allocation has been accepted, wait for an **email confirming the shipment of your vaccine doses.** When your vaccine allocation ships, primary & backup vaccine coordinators will receive an email notification from [noreply@salesforce.com](mailto:noreply@salesforce.com).

Remember to **continue monitoring your mailbox and Spam folder** for the shipment notification and additional allocation notification emails.

Hello Provider,

Based on your vaccine allocation, a shipment of Pfizer 1 has been sent to your facility. Once you receive this shipment, it is very important that you go into the Texas Vaccine Allocation and Ordering System as soon as possible to confirm receipt and record any issues with your shipment. Please review the details on your shipment and instructions on the shipment process below.

Carrier: Fedex

Tracking number: FD1434254523423

Date Shipped: 11/20/2020

# Confirm Shipment in VAOS

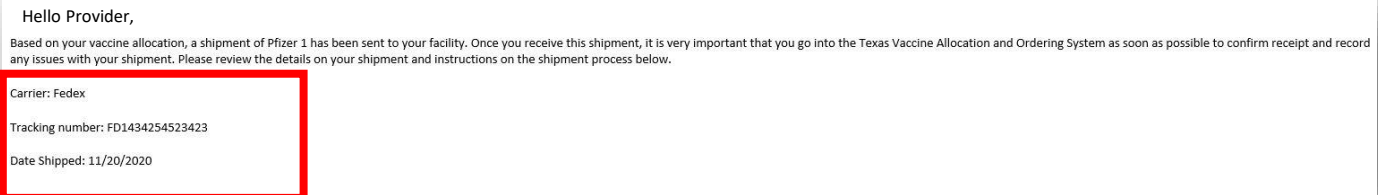
Did you know...?

When a vaccine allocation ships, you will have access to **shipment tracking information**.

Shipment information, including the shipment tracking number, will be available in two places:

1

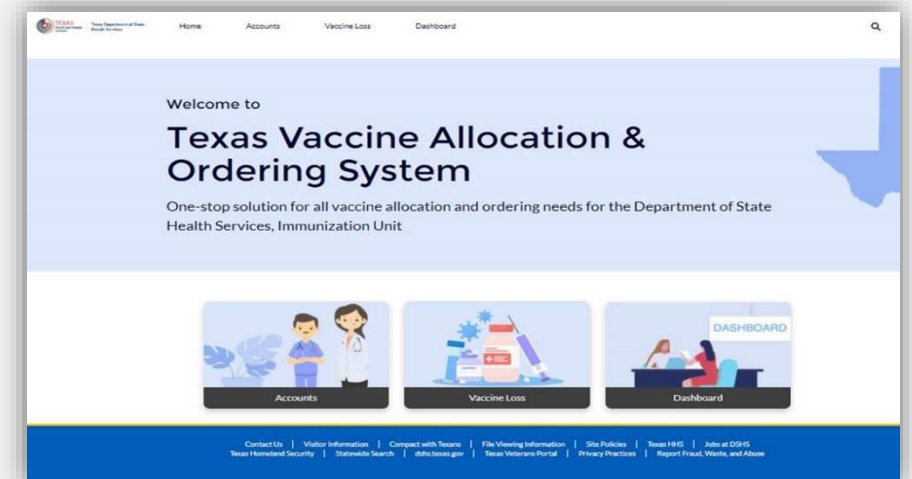
In the notification email sent to the primary & backup vaccine coordinators



2

In VAOS, shipment information is displayed on the *Shipment Details* page.

For instructions to find this tracking information, refer to the [COVID-19 VAOS – How to View Vaccine Shipment Tracking Info](#)



# Confirm Shipment in VAOS

## Did you know...?

You can find out whether an allocation is for **First Doses** or **Second Doses** in VAOS and from the allocation notification email.

Providers can locate whether an allocation is a first dose or second dose in the notification email or in their VAOS allocations dashboard

Dear Primary Four,

You have a **Second Dose** allocation of Pfizer 1 available to accept in the Texas Vaccine Allocation and Ordering System (VAOS) for Long Term Care Population at Haitao Pharmacy Four. This may only be part of your order for the season; if so, the remainder will be allocated as it becomes available. Please review the detailed instructions on the ordering process below.

It is very important that you go into VAOS (<https://texasvaccines.dshs.texas.gov>) as soon as possible once receiving this notification. We request that the listed amounts of COVID-19 Test vaccine that have been allocated be accepted – please do not decrease your weekly allocation unless storage capacity at your facility is an issue.

Vaccine Allocation

✓ Acknowledged Sent to VTrackS Shipped Received Reject

Allocation Number		Status	Acknowledged
Allocation Group	Moderna Week 2 1/4 Dose 2	Intimated Staff	
Event	COVID-19	Intimated Staff's Email	
Pre-booking Request		Intimated Staff's Email 2	
Vaccine	Moderna COVID-19 Vaccine	Facility Primary Contact Name	
Vaccine Name	Moderna COVID-19 Vaccine	Due Date	
NDC		Total Amount Requested	700
Facility		Formula Allocation Amount	700
Facility PIN		Total Amount Allocated	700
Fund Type		Total Amount Accepted	700
State PO Reference		Request Date	1/4/2021
Target Population	Healthcare Worker	Priority Indicator	
Pre-booking Request Line Item		Priority Reason	
Is Deleted	<input type="checkbox"/>	Version	1
Date Shipped		Intention	ADU
Immtrac Org Id		Community Facility	
Allocation Dose	Second Dose		
Created By	DSHS Vaccinereed	Last Modified By	
	1/4/2021, 4:12 PM		



# Confirm Shipment in VAOS

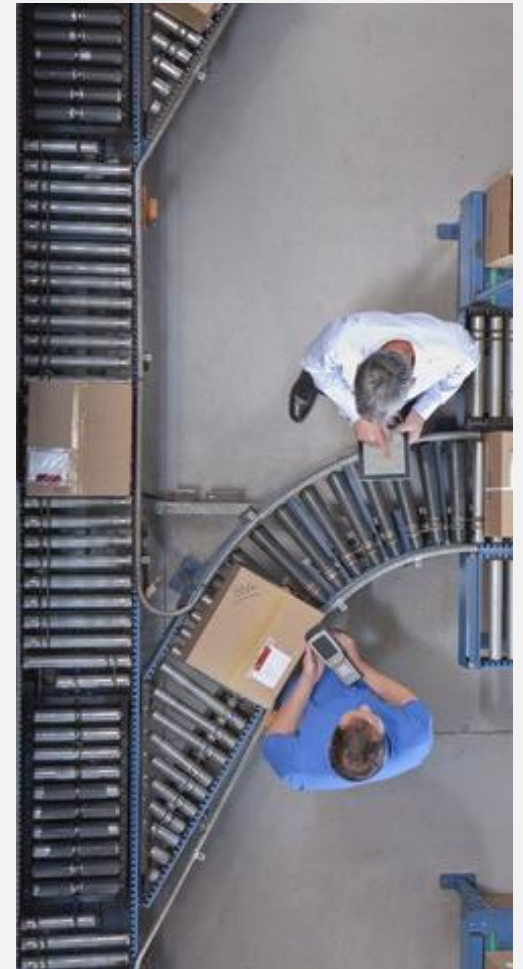
## Did you know...?

When McKesson ships a vaccine allocation, they will send a notification email.

**McKesson will send advance notification emails** about the vaccine shipment, including the specific vaccine and quantity ordered, as well as the tracking number.

McKesson will send separate emails for each vaccine cooler (box) in the shipment, because each cooler (box) has its own unique tracking number.

These email notifications will come from [CDCCustomerService@McKesson.com](mailto:CDCCustomerService@McKesson.com). **Make sure to list this address as a safe address so that these notifications do not go to a Spam folder.**



# Confirm Shipment in VAOS

## Did you know...?

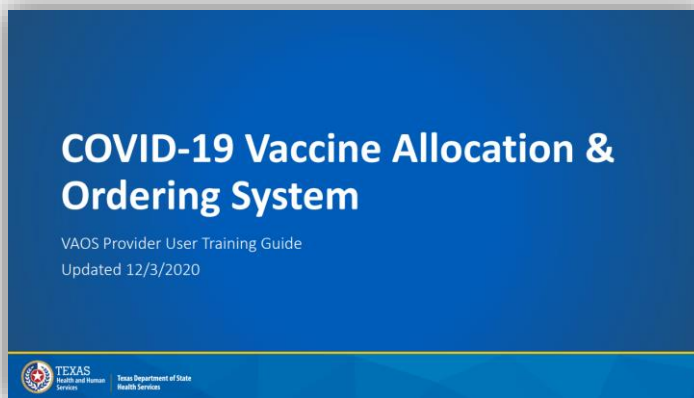
When you receive a shipment, **you must enter that you received a vaccine shipment in VAOS**

You'll need...

- **Who** received the vaccines
- **When** the vaccines were received
- **How many** vaccines received

After inspecting, you'll need to enter...

- How many vaccines **passed** inspection
- How many vaccines **failed** inspection
- **Reason** for any failure



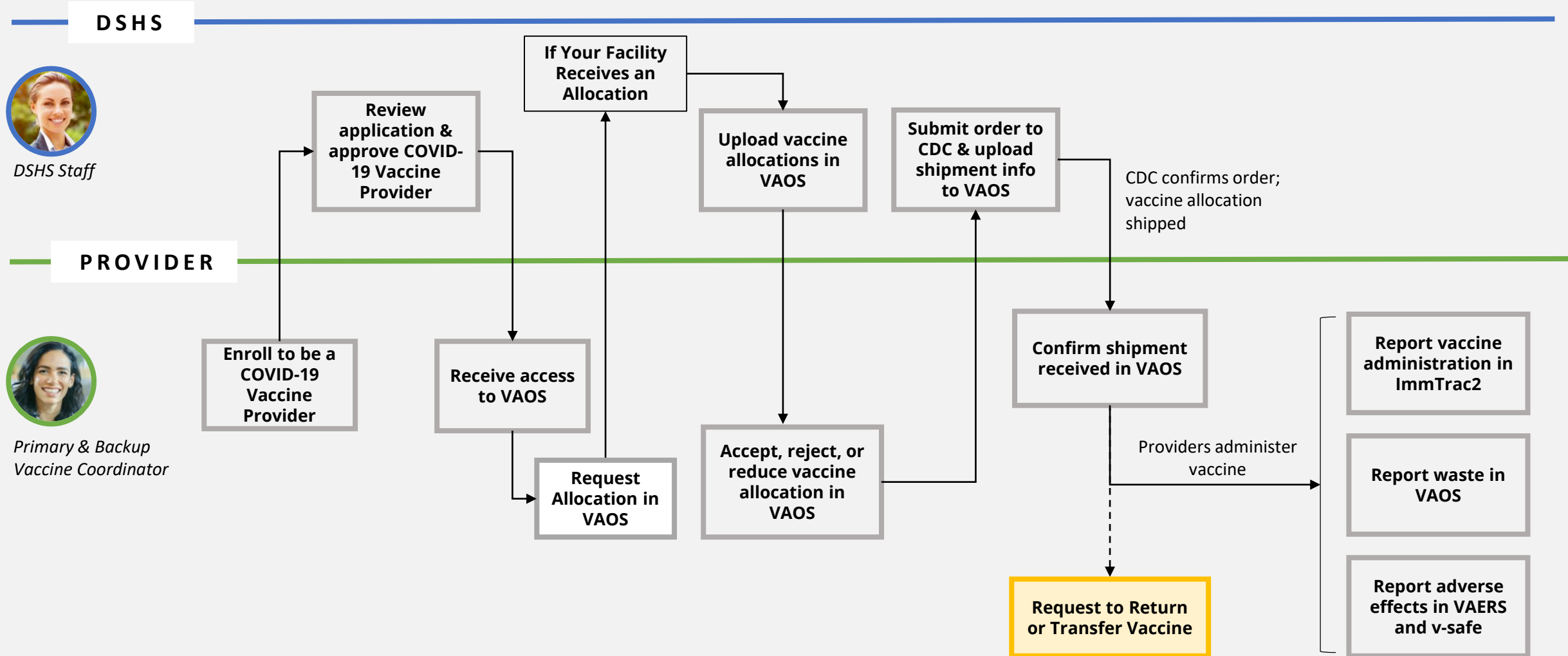
*COVID-19 VAOS Provider Training Guide*

You can find instructions for completing this process on the [DSHS COVID-19 Vaccine Management Resources website](#).



*Confirming Shipments in VAOS instructional video*

# COVID-19 Vaccine Provider Milestones



# Request to Transfer Vaccine

## Did you know...

Vaccines can only be transferred to an **approved COVID-19 vaccine provider**.

Account Name	Haitao Pharmacy Four	Facility Status	Y
Parent Account		Account Record Type	Vaccine Ordering
Indicator	N	IIS PIN	1234567890
Source Type	Manually Entered	Original Certification Date (VFC)	10/28/2020
Provider PIN	300017	Renewal Certification Date (VFC)	10/28/2020
Immtrac OrganizationID	7436305	Site Registration Date	10/28/2020
OrgIntent	N/A	Site Agreement Date	10/28/2020

## Did you know...

You can find your **organization's PIN** in VAOS on the **Account Details** page.

You'll need your Provider PIN to request a transfer, as well as the PIN of the Receiving Provider. Approved COVID-19 Providers will all have Provider PIN's.

# Request to Transfer Vaccines in VAOS

## Did you know...?

Only the individual who submitted the initial request for a transfer can view the service request.



Service Requests

Recently Viewed ▼

3 items

	Service Request Name
1	<a href="#">SR-0034</a>
2	<a href="#">SR-0038</a>
3	<a href="#">SR-0044</a>



If the primary contact for a facility inputs a service request, the secondary contact at the facility cannot see it. Coordinate with your team to determine the contact inputting transfers.

# Request to Transfer Vaccine

## Did you know...?

Providers will need to upload and submit a completed and signed CDC Redistribution form for each transfer request.

For each request to transfer, Providers should complete and have the appropriate personnel sign the **CDC Supplemental COVID-19 Vaccine Redistribution Agreement**.

When you initiate a Transfer Request in VAOS, you will be able to **download the CDC Redistribution Agreement**.

Before your request can be reviewed, you will need to **upload the completed and signed form in VAOS** for DSHS to review.

## CDC Supplemental COVID-19 Vaccine Redistribution Agreement



The Centers for Disease Control and Prevention (CDC) plans to ship a minimum order size of COVID-19 vaccine, constituent products, and ancillary supplies at no cost directly to enrolled COVID-19 vaccination providers throughout the United States. The federally contracted vaccine distributor uses validated shipping procedures to maintain vaccine cold chain and minimize the likelihood of vaccine loss or damage during shipment. There may be circumstances where COVID-19 vaccine needs to be redistributed beyond the identified primary CDC ship-to sites (i.e., for orders smaller than the minimum order size or for large organizations whose vaccine is shipped to a central depot and requires redistribution to additional clinic locations). In these instances, vaccination provider organizations/facilities, third-party vendors, and other vaccination providers may be allowed to redistribute vaccine, if approved by the jurisdiction's immunization program and if validated cold-chain procedures are in place in accordance with the manufacturer's instructions and CDC's guidance on COVID-19 vaccine storage and handling. There must be a signed CDC COVID-19 Vaccine Redistribution Agreement for the facility/organization conducting redistribution and a fully completed CDC COVID-19 Vaccination Provider Profile Information form (Section B of the CDC COVID-19 Vaccination Program Provider Agreement) for each receiving vaccination location.

The parties to this agreement are CDC and healthcare organizations, third-party vendors, and vaccination providers that redistribute COVID-19 vaccine. CDC cannot reimburse costs of redistribution beyond the initial designated primary CDC ship-to site(s), nor for purchase of any vaccine-specific refrigerators or qualified containers. Therefore, organizations planning for redistribution of COVID-19 vaccine must carefully assess the associated risks and costs (e.g., vaccine loss due to temperature excursions, purchase of vaccine-specific portable refrigerators and/or containers) before planning this activity.

ORGANIZATION INFORMATION			
Organization/facility name:		For official use only: VTrack ID: _____ Unique COVID-19 Organization ID (from Section A): _____	
Street:			
PRIMARY ADDRESS and CONTACT INFORMATION OF COVID-19 VACCINATION ORGANIZATION			
City:			
City:	County:	State:	ZIP:
Telephone:		Fax:	
RESPONSIBLE OFFICERS			
Medical Director (or Equivalent) Information			
Last name		First name	Middle initial
Title		Licensure (state and number)	
Telephone number:		Email:	
Address:			
Chief Executive Officer (or Chief Fiduciary) Information			
Last name		First name	Middle initial
Telephone number:		Email:	
Address:			

9/14/2020

Page 1 of 2

**CDC Redistribution Agreement**

# Request to Return or Transfer Vaccines

## Did you know...?

Transferring Providers are **responsible for costs incurred** during the transfer process, as well as for **maintaining the cold chain** throughout the transfer process.

The ***Transferring Provider*** is responsible for any costs incurred in transferring the vaccine to another provider.



Vaccine Arrival at  
Provider Facility



Vaccine Storage &  
Handling at  
Provider Facility



*Transferring  
Provider Ships or  
Transports Vaccine*



Vaccine  
Administration at  
*Receiving Provider*  
Facility



***Transferring Provider responsible for maintaining the cold chain***

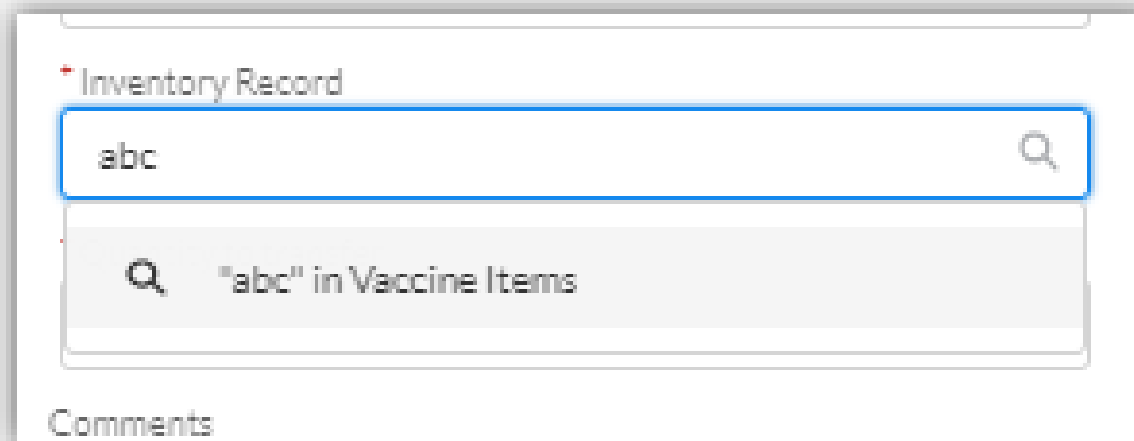
# Request to Return or Transfer Vaccines

## Did you know...?

You will not be able to request to transfer more doses than your facility has available under the Lot ID.



To search for the inventory record, start by typing the Lot ID in the field. The associated *Inventory Record*, if available, will appear in the search results.

A screenshot of a web application interface. At the top, there is a tab labeled "Inventory Record" with a red asterisk. Below the tab is a search input field containing the text "abc" and a magnifying glass icon on the right. Below the input field is a search results area with a magnifying glass icon and the text "abc" in Vaccine Items. At the bottom of the interface is a section labeled "Comments".

Inventory Record

abc

Q "abc" in Vaccine Items

Comments

You can **verify the number of doses** you have under a Lot ID by searching for the Lot ID in VAOS.





# Request to Return or Transfer Vaccines

Dear Provider,

A request to transfer 100 doses of Moderna from Place 1 to Place 2 has been **approved**.

As the receiving provider, **you are responsible for supporting the coordination of the physical transfer of the approved doses to [receiving provider account name]**. You can view the relevant details of your vaccine transfer in the Texas Vaccine Allocation and Ordering System (VAOS) at <https://texasvaccines.dshs.texas.gov>. **No action is required to confirm receipt of this transfer, your inventory will be updated automatically.**

#### Next Steps

- Login to VAOS to view details of the transfer, which can be found under “Vaccine Shipments”
- **Begin vaccinations as soon as possible** after your facility receives your transfer of COVID-19 vaccines
- **Report doses administered to ImmTrac2 and doses wasted to VAOS within 24 hours**

You can find additional information about VAOS and how to use it on the [COVID-19 Vaccine Management Resources](#) site.

For questions about COVID-19 orders or the Vaccine Ordering and Management system, please contact [COVID19VacEnroll@dshs.texas.gov](mailto:COVID19VacEnroll@dshs.texas.gov).

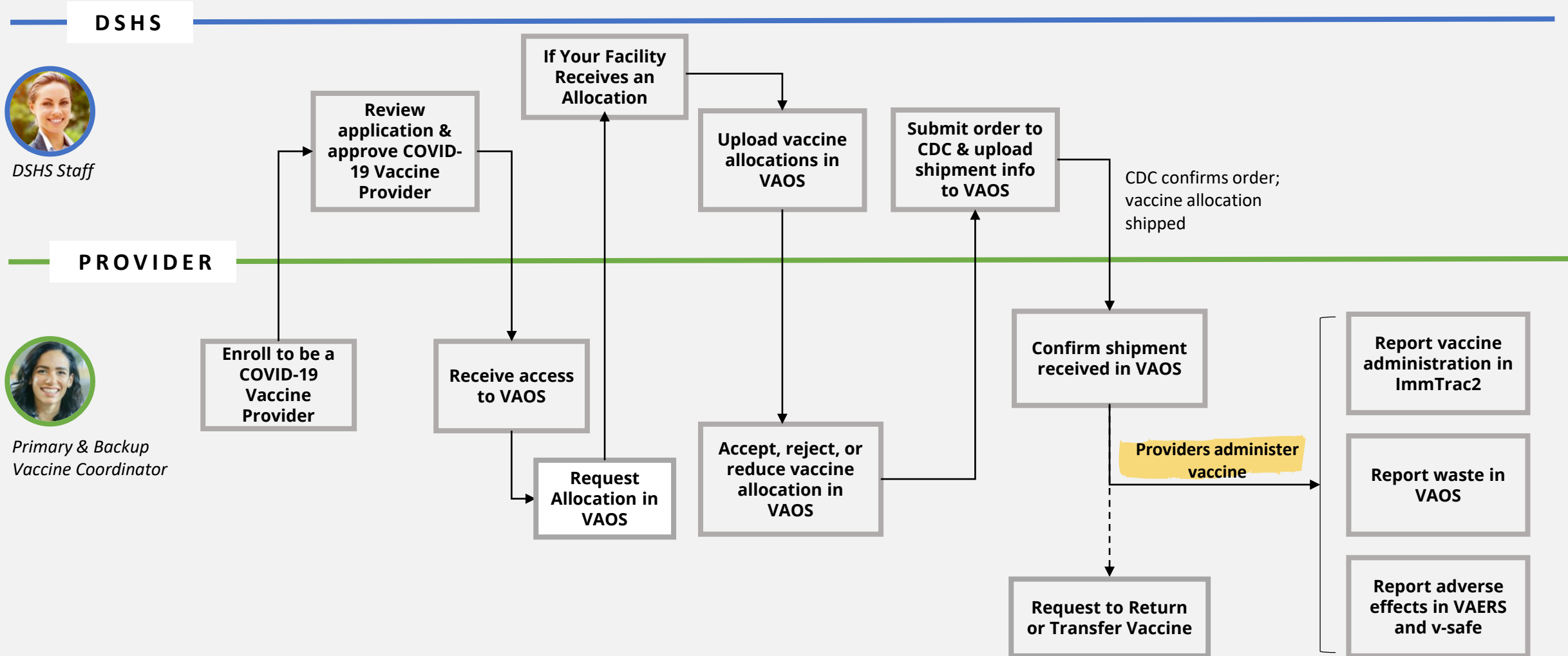
Thank you.



**Did you know...?**

*Receiving Providers do not need to confirm receipt of the transfer in VAOS.*

# COVID-19 Vaccine Provider Milestones



# Providers Administer COVID-19 Vaccine

## Did you know...?

Do not hold back first doses of the vaccine.

Providers **do not need to “hold back”** doses from a First Dose allocation for patients' second doses. After receiving a First Dose allocation, Providers should request a Second Dose allocation in VAOS.



Providers should **begin vaccinating patients as soon as possible after receiving a vaccine shipment**, beginning with the Phase 1A target population. If there are no patients from the Phase 1A target population to administer the vaccine doses to immediately, administer to Phase 1B patients.

## Did you know...?

You find and print additional **vaccination record cards**

You can find them [here](#) on the [DSHS COVID-19 Vaccine Management Resources website](#).

COVID-19 Vaccination Record Card			
Please keep this record card, which includes medical information about the vaccines you have received.			
Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.			
Last Name		First Name	MI
Date of birth		Patient number (medical record or IIS record number)	
Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 <sup>st</sup> Dose COVID-19		mm / dd / yy	
2 <sup>nd</sup> Dose COVID-19		mm / dd / yy	
Other		mm / dd / yy	
Other		mm / dd / yy	

# Providers Administer COVID-19 Vaccine

## Did you know...?

Use **Second Dose allocations** to provide **second doses** to patients who have already received a first dose of the COVID-19 vaccine.

**Second Dose allocations should be used to provide second doses to patients who have already received their first dose.**

Additional second dose vaccines **may not be available at the right time** if a Provider uses Second Dose allocations to provide first doses to patients.



When administering the vaccine, Providers should **communicate the importance of returning to receive their second dose of the COVID-19 vaccine**, including proactively reminding patients when it is time for them to return for their second dose.

# Providers Administer COVID-19 Vaccine



## Did you know...?

To confirm a patient's chronic medical conditions for Phase 1 vaccinations, Providers should refer to the person's medical history.

To confirm chronic medical conditions, providers should refer to the person's medical history.

If a provider doesn't have access to the person's medical history, the person can self-disclose their medical condition. They do not need to provide documents to prove that they qualify.

# Providers Administer COVID-19 Vaccine

## Did you know...?

There is **no residency requirement** for receiving a COVID-19 vaccine

To receive a COVID-19 vaccine, the patient **does not** have to demonstrate residency in Texas or the U.S.



You **CANNOT** charge a copay to the patient. You can bill insurance for the administration, however no person can be turned away due to inability to pay the administration fee. Vaccination providers can get this fee reimbursed by the patient's public or private insurance company or, for uninsured patients, by the [Health Resources and Services Administration's Provider Relief Fund](#).

## Did you know...?

Providers cannot charge a **copay** for the COVID-19 vaccine



# Providers Administer COVID-19 Vaccine

## Did you know...?

Pfizer COVID-19 vaccine should be administered 21 days after the first dose. You should **schedule second dose appointments based on this 21-day interval**.

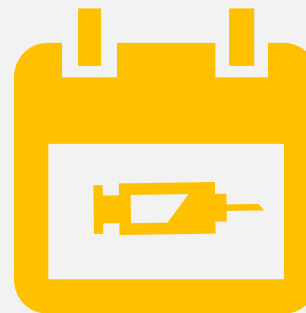
## Did you know...?

Moderna COVID-19 vaccine should be administered 28 days after the first dose. You should **schedule second dose appointments based on this 28-day interval**.

You can find more information about COVID-19 vaccine administration and grace periods [here for Pfizer vaccines](#) and [here for Moderna vaccines](#).

If you are unable to administer the vaccine on the manufacturer recommended day, use the following guidance:

- Pfizer second doses administered up to 4 days before the recommended date –17 or more days after first dose—are considered valid.
- Moderna second doses administered up to 4 days before the recommended date—24 or more days after first dose—are considered valid.



Doses administered **earlier than the recommended date do not need to be repeated**.

If it is not feasible to administer the second dose in the recommended time frame, it can be administered **up to 42 days** after the first dose.

# Providers Administer COVID-19 Vaccine

## Did you know...?

The different presentations of the COVID-19 vaccine are **not interchangeable**.

COVID-19 vaccines are **not** interchangeable with each other or with other COVID-19 vaccine products. The safety and efficacy of a mixed-product series have not been evaluated. Both doses of the series should be completed with the same product.



## Did you know...?

A patient can receive a COVID-19 vaccine after they have recovered from their infection.



Vaccination of persons with a positive COVID infection **should be deferred** until the person has recovered from the acute illness and [criteria](#) have been met for them to discontinue isolation. This applies to patients before receiving any vaccine doses as well as those who develop SARS-CoV-2 infection **after the first dose but before receipt of the second dose**.

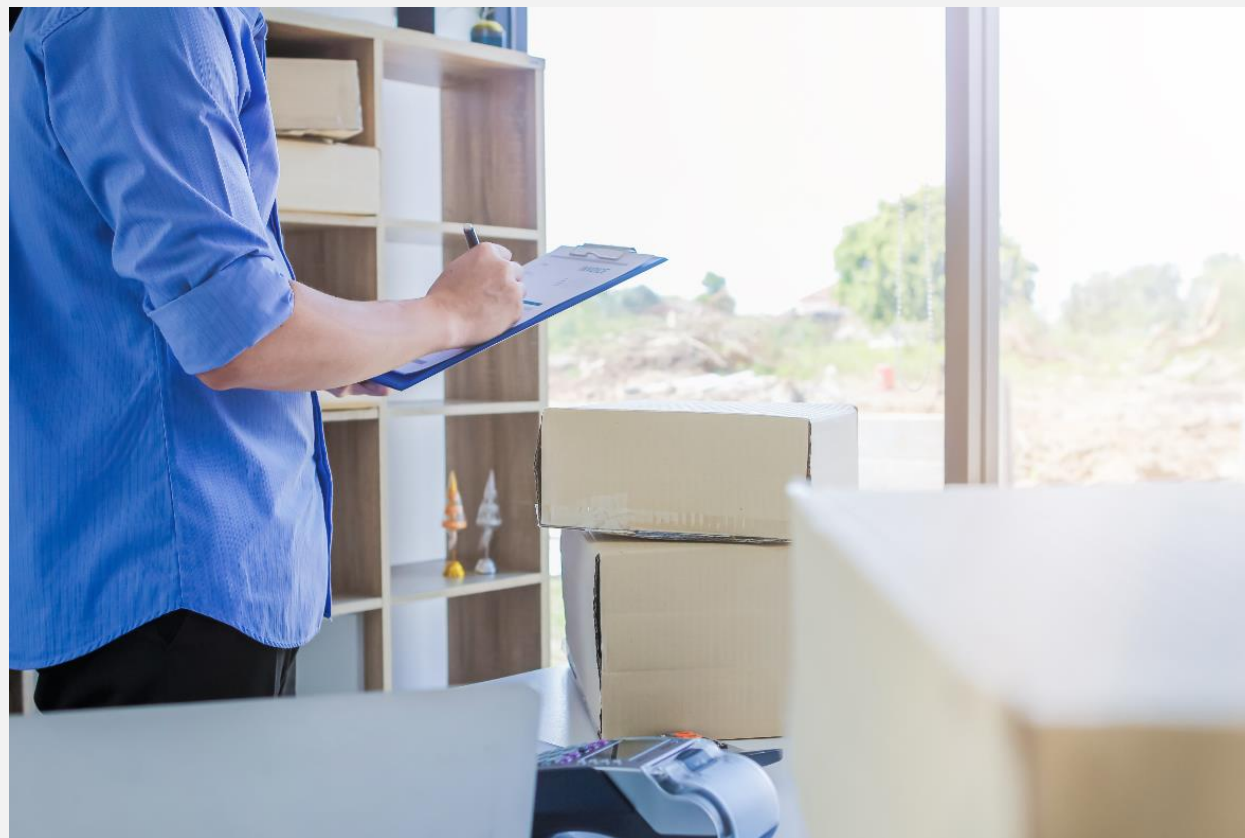


# Providers Administer COVID-19 Vaccine

## Did you know...?

Even if a provider is able to administer more doses than officially allocated, they will receive the **same number of second dose allocations** as they did for first doses.

Because of the extra doses that can be extracted from some vaccine vials, providers may be able to administer more doses than originally allocated. However, Second Dose allocations will include the **same official number of doses in the follow-up shipment** as there were in the First Dose shipment.



# Providers Administer COVID-19 Vaccine

## Did you know...?

Providers can offer **VaxText** as a **second dose reminder** to patients following their first COVID-19 vaccine.



**VaxText<sup>SM</sup>** is a free text messaging platform that providers can offer to their patients. Patients can opt in to conveniently **receive text message reminders** to get their second dose of COVID-19 vaccine or a reminder for when they are overdue for their second dose, in English or Spanish.



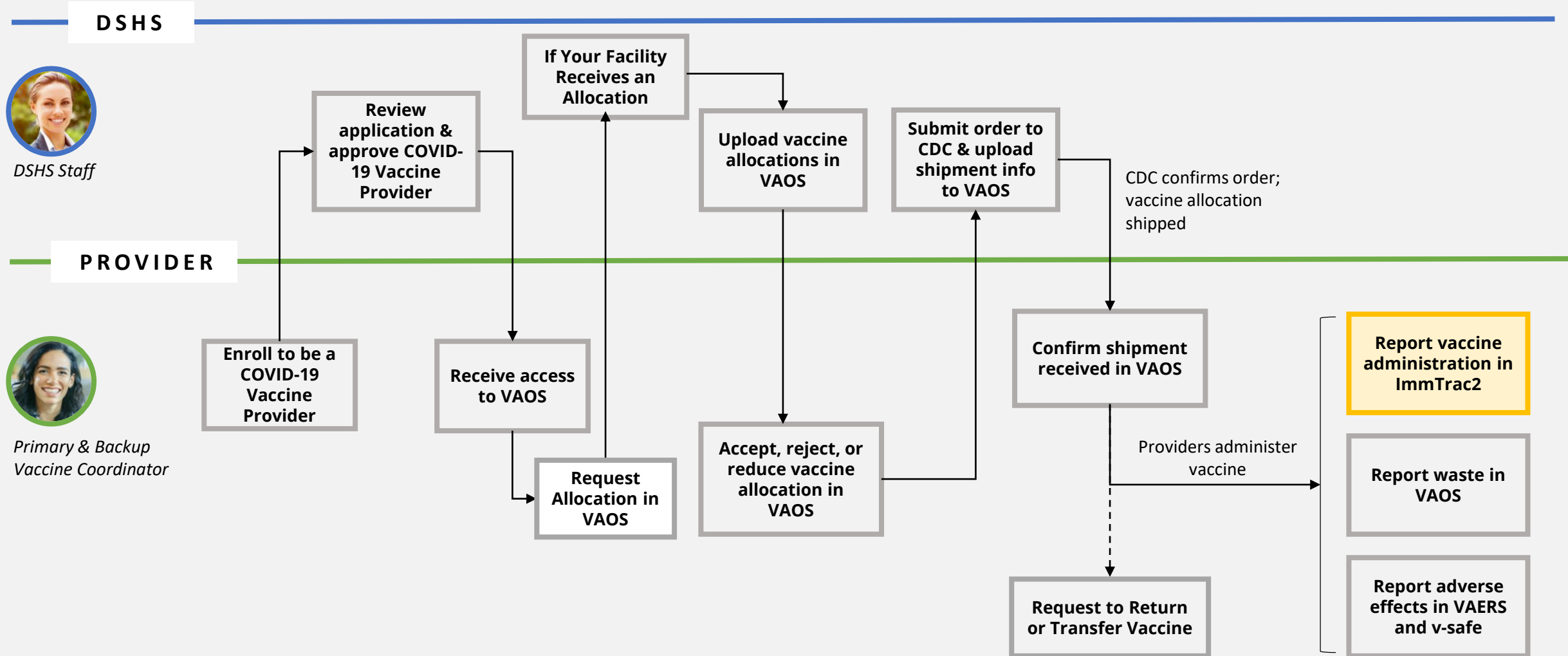
The VaxText<sup>SM</sup> text messaging service will ask vaccine recipients who participate for **basic vaccination information** so it can provide reminders based on the **correct vaccination schedule**. The patient will also receive a prompt to sign up for **v-safe**, CDC's vaccine safety monitoring system.



Patients can **text ENROLL to 1-833-VaxText (829-8398)** to opt in to VaxText<sup>SM</sup>.



# COVID-19 Vaccine Provider Milestones



# Report Vaccine Administration in ImmTrac2

## Did you know...?

Providers should use their correct Org Code or ImmTrac2 IIS ID to report vaccine administration.

When reporting administered COVID-19 vaccines to ImmTrac2, providers must use their correct ImmTrac2 Org Code and TX IIS IDs to ensure that vaccines are accurately tracked in the COVID-19 Vaccine Data Dashboards in VAOS.



ImmTrac2 users receive their assigned Org Code(s) via email when they first get access to ImmTrac2, or when their access is modified.



Because vials may contain more than the official number of doses, **Providers may administer more doses than are officially allocated in VAOS.**

## Did you know...?

If you administer more doses than officially allocated in VAOS, still **report the actual vaccinations given to patients.**

Continue to **report actual vaccine administration into ImmTrac2**, regardless of the number of doses officially allocated.

# Report Vaccine Administration in ImmTrac2

**Did you know...?**

Providers need to report daily in both **TDEM** and **ImmTrac2**

## Reporting COVID-19 Vaccines/Therapeutics in the TDEM/DSHS Portal

Facility:

Facility Identification Number:

You are receiving this email because your facility has received an allocation of vaccines and/or monoclonal antibodies for COVID-19. The State of Texas requests that you submit information through the TDEM portal provided below, in addition to current tracking in ImmTrac2.

We are aware of the increased number of reporting requirements related to vaccines and therapeutics that are asked of you, and we are doing our best to streamline the inquiries with your assistance. We really appreciate the work of our hospital partners across the state in reacting to this crisis.

If you have any issues pertaining to the system, requests, or questions, please send an email to [vaccine@tdem.texas.gov](mailto:vaccine@tdem.texas.gov)

### INSTRUCTIONS

#### LOGIN

1. Go to <https://report.tdem.texas.gov>
2. Select your facility from the dropdown list titled "Select Facility".
3. Enter your Facility Identification Number, which is listed above.

**Did you know...?**

The data that you report in TDEM and ImmTrac2 isn't the same.

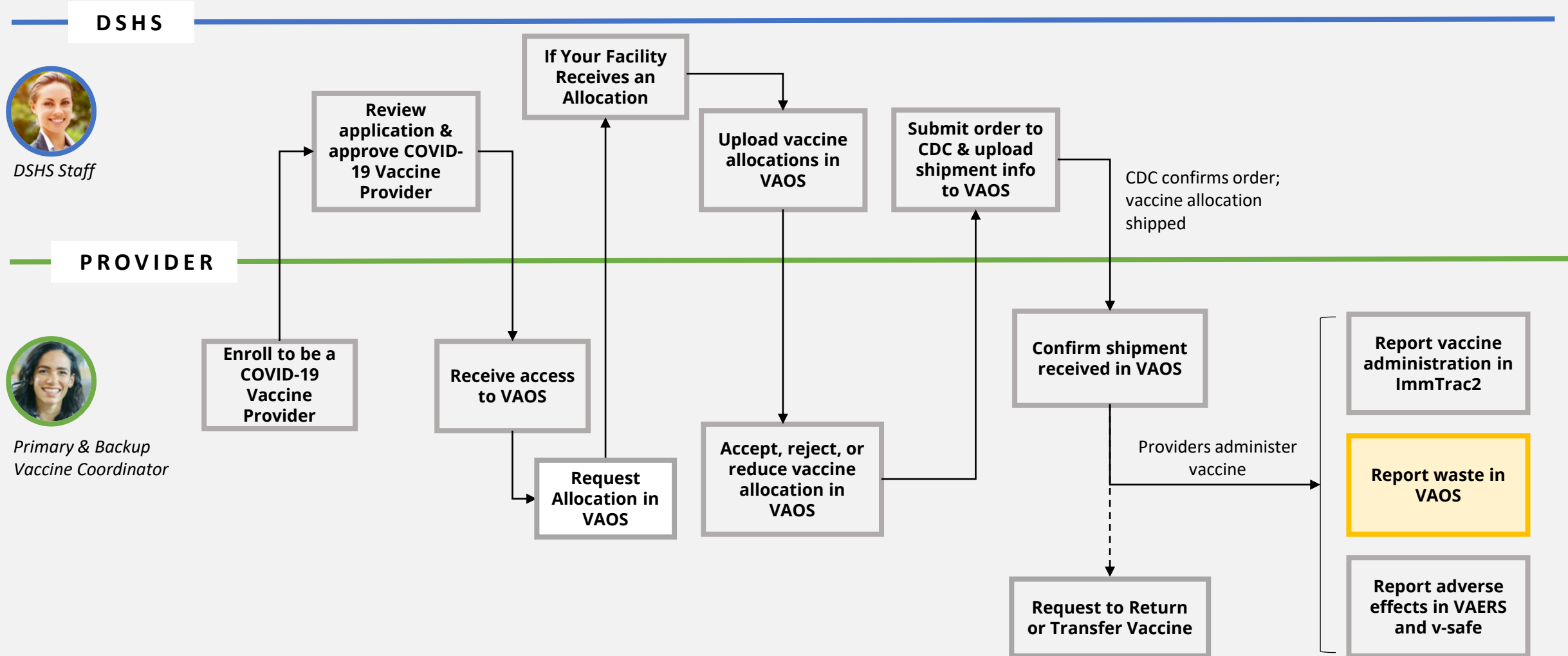
Providers must report aggregate doses administered to TDEM every day by 8AM at <https://report.tdem.texas.gov>

For questions about TDEM reporting, please contact: [vaccine@tdem.texas.gov](mailto:vaccine@tdem.texas.gov) or 844-908-3927

Continue to **report actual vaccine administration and patient data** into ImmTrac2.

**ImmTrac2**  
Texas Immunization Registry

# COVID-19 Vaccine Provider Milestones





# Report Waste in VAOS

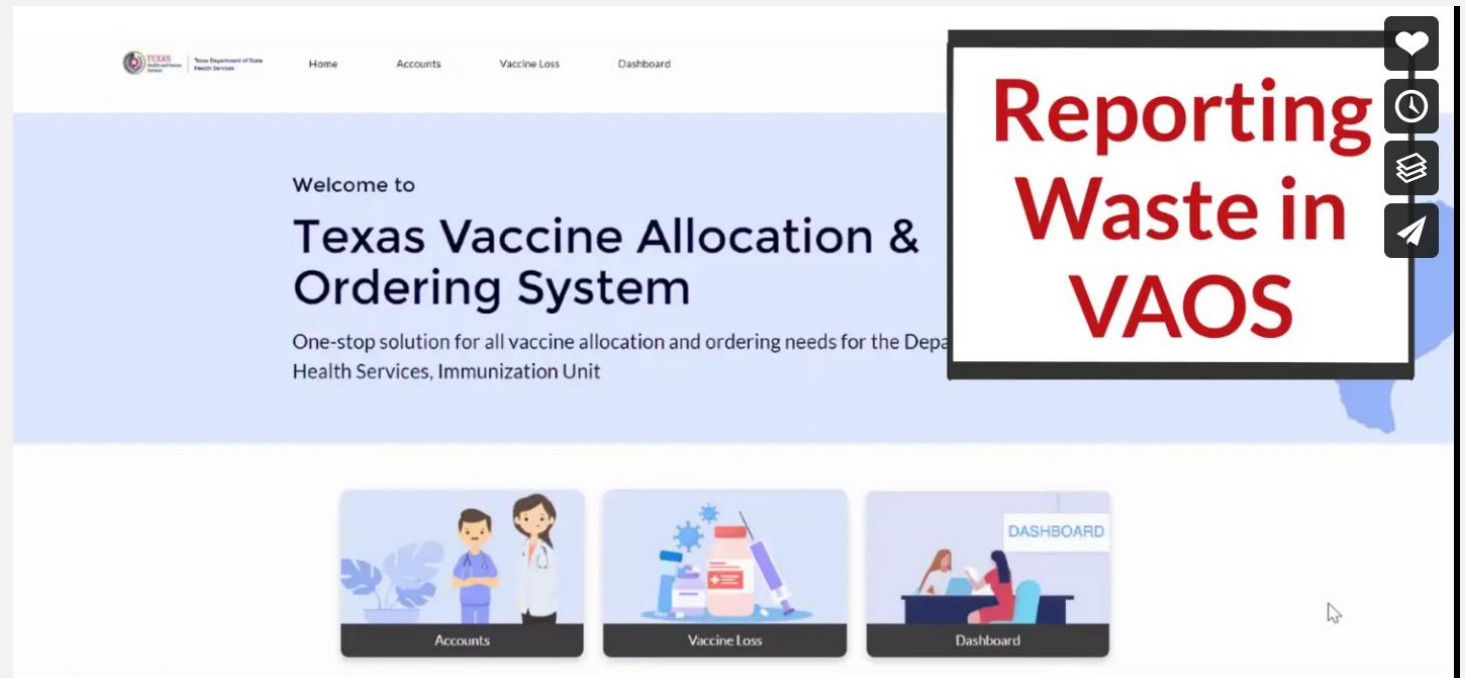
Did you know...?

Providers report **doses wasted in VAOS** and **doses administered in ImmTrac2**.

**Report doses that are wasted into VAOS.** This will affect the number of doses listed as on hand for your facility on the VAOS dashboard.

This does not include doses that are administered to patients. **Report all doses administered to patients in ImmTrac2.**

Want to learn more? Check out the VAOS Provider Guide and an instructional video on the [DSHS COVID-19 Vaccine Management Resources](#) site.

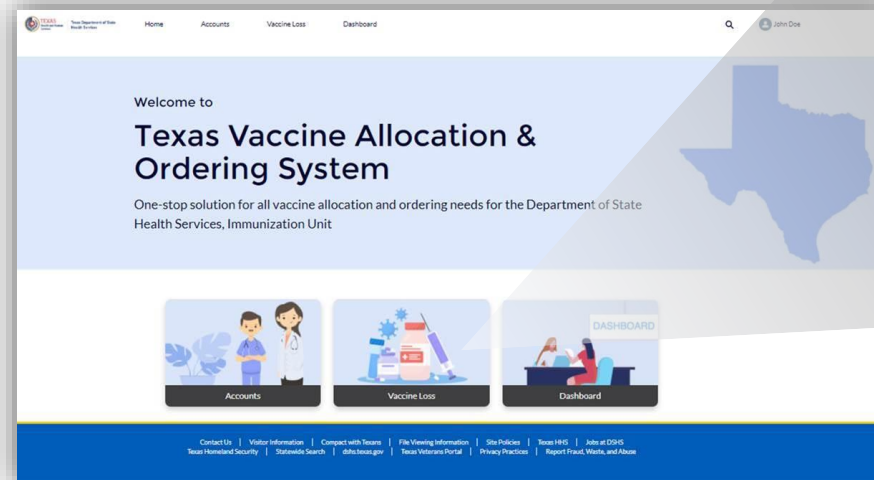


# Report Waste in VAOS

## Did you know...?

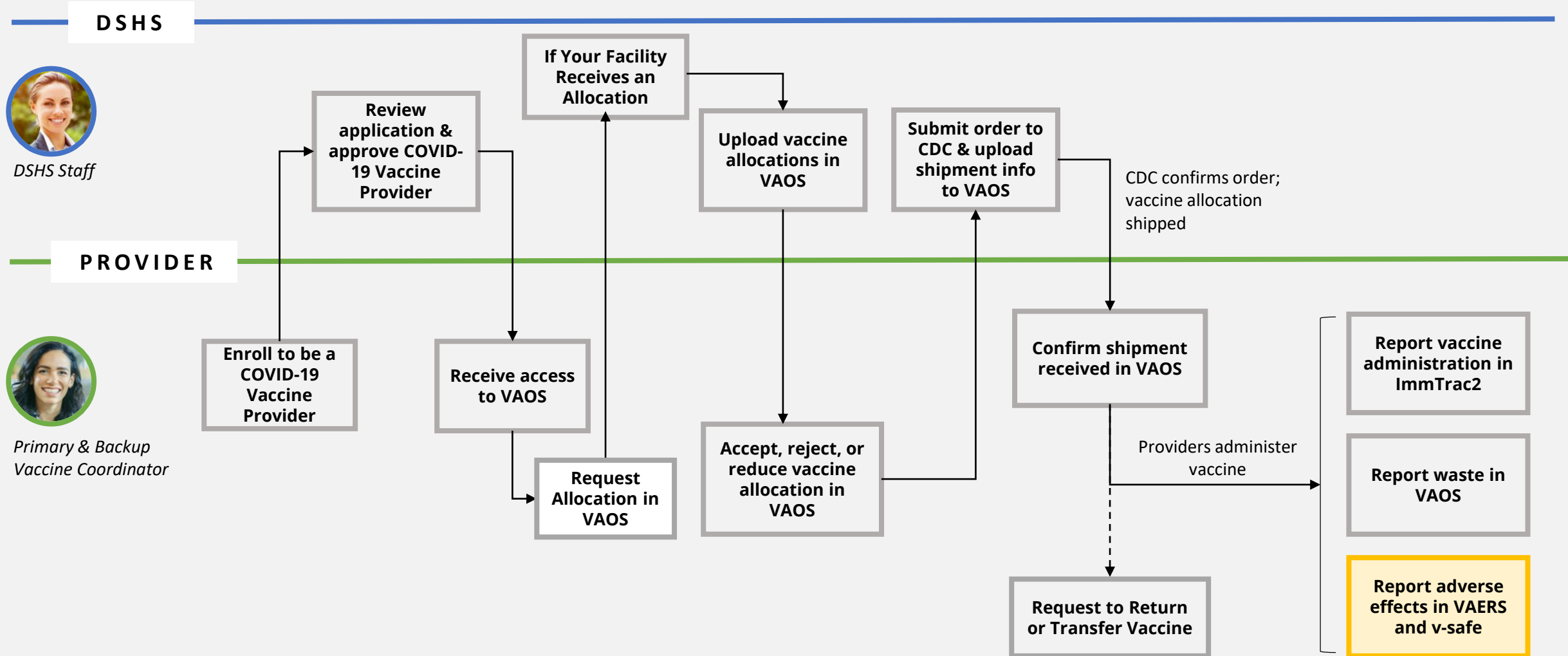
You can't report more doses wasted than you've received in your allocation.

Providers should report all doses wasted in VAOS. However, you **cannot report more doses wasted than you have been allocated in VAOS.**

A screenshot of the "New Vaccine Use: Vaccine Wastage" form. The form is titled "New Vaccine Use: Vaccine Wastage" and is divided into two main sections: "Information" and "Description".  
**Information Section:**  
- Vaccine Administration Number: (empty field)  
- Facility: Austin Regional Health Clinic (selected from a dropdown)  
- Vaccine: VI-0000014 (selected from a dropdown)  
- Status: Wastage (selected from a dropdown)  
- Reason for waste: G81 - Expired vaccine (selected from a dropdown)  
- Quantity Consumed: 25 (entered in a text field)  
- Vaccine Item Temp: (empty field)  
**Description Section:**  
- Description: Vaccine Lot expired 11/08/2020 (entered in a text field)  
- Other Reason: (empty text area)  
At the bottom right of the form are three buttons: "Cancel", "Save & New", and "Save".



# COVID-19 Vaccine Provider Milestones



# Report Adverse Events in VAERS and v-safe

## Did you know...?

New CDC guidance says **any allergic reaction**, not only anaphylaxis, is a contraindication for receiving the second dose of vaccine.

## Did you know...?

**Any and all** adverse effects should be reported to VAERS, even deaths.



Providers should report adverse events **any time an adverse event occurs** after vaccine administration

According to VAERS, any adverse event that occurs after the administration of a vaccine licensed in the United States, *whether it is or is not clear that a vaccine caused the adverse event*, should be reported.

**Poll: What topic would you like  
to see covered in future  
webinars?**

# More Info on New VAOS Features

Check it  
out!

Want more information on requesting allocations and transferring or returning vaccines? Check out our [Provider User Training Guide](#) for step-by-step walkthroughs on new and existing VAOS features.



Be sure and join future webinars to learn more about the new features and how you can use them as a COVID-19 Vaccine Provider.

**Please look for invitations to  
additional COVID-19 Provider  
Webinars in the coming days and  
weeks**



Texas Department of State  
Health Services

# Key Resources

**COVID-19 Vaccine Resources (today's webinar, training materials, videos):**

<https://www.dshs.texas.gov/coronavirus/immunize/vaccine-manage-resources.aspx>

**COVID-19 Vaccine Provider Enrollment Information:**

[www.dshs.texas.gov/coronavirus/immunize/provider-information.aspx](http://www.dshs.texas.gov/coronavirus/immunize/provider-information.aspx)

[CDC Clinical Considerations for or Use of mRNA COVID-19 Vaccines](#)

**DSHS COVID-19 Vaccine Provider hotline:**

(877) 835-7750, 8 a.m. to 5 p.m., Monday through Friday or Email:

[COVID19VacEnroll@dshs.texas.gov](mailto:COVID19VacEnroll@dshs.texas.gov)

For questions about training materials or webinars, please email us at

[COVID19VacMgmt@dshs.texas.gov](mailto:COVID19VacMgmt@dshs.texas.gov)



Texas Department of State  
Health Services

# COVID-19 Provider Support

Category	COVID-19 Vaccine Provider Enrollment, Vaccine Information, and Safety Reporting	Vaccine Allocation & Ordering System (VAOS)	COVID-19 Vaccine Distribution	Reporting for COVID-19 Vaccines	General COVID-19 Inquiries
Sample questions	<ul style="list-style-type: none"> <li>How to become a COVID-19 Vaccine Provider</li> <li>In-progress applications</li> <li>Updating information in Provider Enrollment accounts</li> <li>Waste disposal/return</li> <li>COVID-19 vaccine safety</li> <li>Storage &amp; handling</li> <li>Administration of vaccine</li> <li>Vaccine distribution</li> <li>Reporting adverse events to VAERS</li> </ul>	<ul style="list-style-type: none"> <li>Who has access to VAOS</li> <li>"How to" questions about completing a task or process in VAOS</li> <li>VAOS or Tableau dashboards</li> <li>Tuesday/Thursday Provider Webinars</li> </ul>	<ul style="list-style-type: none"> <li>Tracking shipments</li> <li>Allocations</li> <li>Hub requests</li> <li>Vaccine transfers/returns</li> </ul>	<ul style="list-style-type: none"> <li>Reporting to ImmTrac2 via online web application</li> <li>Reporting to ImmTrac2 via data exchange</li> <li>Reporting to TDEM</li> </ul>	<ul style="list-style-type: none"> <li>COVID-19 testing</li> <li>COVID-19 prevention and quarantine</li> <li>COVID-19 vaccine, general information</li> <li>When/where can I get vaccine?</li> </ul>
Support Channel	<b>Provider Help Desk</b> (877) 835-7750, 8 a.m. to 5 p.m., Monday through Friday or Email: <a href="mailto:COVID19VacEnroll@dshs.texas.gov">COVID19VacEnroll@dshs.texas.gov</a>	<b>Vaccine Management Mailbox:</b> <a href="mailto:COVID19VacMgmt@dshs.texas.gov">COVID19VacMgmt@dshs.texas.gov</a>	<b>Vaccine Shipments:</b> <a href="mailto:COVID19VacShipments@dshs.texas.gov">COVID19VacShipments@dshs.texas.gov</a>	<b>ImmTrac2 Web app:</b> : <a href="https://immtrac2.dshs.texas.gov">ImmTrac2@dshs.texas.gov</a> <b>Data Exchange:</b> <a href="mailto:ImmTracMU@dshs.texas.gov">ImmTracMU@dshs.texas.gov</a> <b>TDEM/ TMD Call Center:</b> <a href="mailto:vaccine@tdem.texas.gov">vaccine@tdem.texas.gov</a>	<b>Texas 2-1-1 (Option 6)</b> (877) 570-9779, 8 a.m. to 5 p.m., Monday through Friday Saturday 8am – 3pm, Sunday 8am – 1pm or Email: <a href="mailto:CoronaVirus@dshs.texas.gov">CoronaVirus@dshs.texas.gov</a>

**Thank you!**